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REPORTER:

A WEEKLY JOURNAL.

S. W. BUTLER, M. D., } EDITORS.
W. B. ATKINSON, M. D., }

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1858.

PROSPECTUS.

As first a Quarterly, and then a Monthly, the MEDICAL AND SURGICAL REPORTER has been before the Profession for *Eleven Years*, and has established a reputation for Independence and Utility which has carried its circulation to the most remote parts of our land. It is due to the organized profession of New Jersey to say that it is chiefly indebted to their countenance and support for the position it holds. In its *Weekly form*, the REPORTER will not swerve from its past independent and utilitarian course; but rather, profiting by the experience of the past, seek a closer alliance with the profession, laboring with renewed zeal in the cause of medical progress.

To this end, it will be an earnest supporter of our National, State and other medical associations. It will ever keep a vigilant eye on the profession itself, endeavoring, without fear or favor, to correct abuses of all kinds that come under its observation, by advising its readers of them, always seeking to advocate the right, and to put down wrong, either in, or against, the profession. A watchful eye will also be kept on the public, and every opportunity embraced to inculcate right views on the reciprocal duties of the profession and the public.

The *principal* object of the work, however, will not be lost sight of, viz.: to make the REPORTER a frequent and profitable means of inter-communication between the members of the profession. Original communications on medical subjects, with notices of new books, will always find a place in our columns, and a large part of each weekly issue will be devoted to reports of *Lectures* by distinguished Physicians and Surgeons; to *Clinical Reports* from Hospitals, etc., in this and other cities; and to *Reports of Medical Societies*, so far as their debates may be of general interest to the profession.

We shall also draw largely from the pages of cotemporaneous Medical Journals, both domestic and foreign, giving weekly summaries of whatever passes under our eye of general interest to medical men. In fact, no means that we can command will be left untried to make our journal an able exponent of American Medicine and Surgery.

To enable us to carry out our plans creditably to ourselves and to the profession of our country, we solicit an earnest and hearty pecuniary and literary support.

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S. W. BUTLER, M. D.,
W. B. ATKINSON, M. D., } Editors.

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THE
MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, } PHILADELPHIA, NOVEMBER 19, 1858. { NEW SERIES,
NO. 102. VOL. I. NO. 8

Original Communications.

A Case of Cancer of the Pancreas and Stomach.

BY W. S. FORWOOD, M. D.,
Of Darlington, Maryland.

An article on *Cancer of the Pancreas*, by Dr. Demme, which was published in the fifth number of the weekly *Med. and Surg. Reporter*, reminds me of a case similar, though not identical, that came under my observation, and which I have hitherto neglected to report. The difference between these cases is that the one was *medullary* cancer, and the other *scirrhus*.

In September, 1856, I was called (for the first time,) to visit professionally, T. E. S., a man living between seven and eight miles from this place. The patient was about 59 years of age. He was not confined to bed at the time of my visit; nor was he suffering severe pain. He was quite an intelligent man, and therefore was enabled to give very minute and interesting details of his complaint; which, although worthy of noting, would be altogether too long for an insertion in a Journal of this size.

He had been suffering for more than *twenty years*, not usually so intensely, however, as to prevent him from attending to his ordinary business; but he was subject to spells more or less violent, which would last a week or more. He had consulted, at various times, as many as fifteen or twenty physicians, upon the nature and treatment of his disease; but not one gave a correct diagnosis.

When I first saw him, his countenance presented a peculiar cachetic appearance, of a

more jaundiced hue than the ordinary cancerous cachexia, which materially obscured the nature of the affection, in my judgment. His tongue was heavily coated with a *buff-colored* fur, which covering, he informed me, had been existing for many years. He did not complain of sharp pain, but of a dull aching and general uneasiness. His stomach, back, and bowels were the parts he referred to as chiefly affected. The majority of the physicians who had examined his case, considered it as being a chronic inflammation of the stomach, attended with disease of the liver.

For the last few years, the patient's appetite had been generally poor, and digestion feeble in proportion. He suffered very much from an almost constant formation of gas in his stomach, which was frequently ejected in paroxysms with considerable noise. His bowels were commonly constipated, but at rare intervals, spells of diarrhoea would supervene. His pulse was wiry and quick, but of about the normal frequency; he was weak and debilitated. I examined his case very carefully; not with the expectation of curing him, for he had suffered so long that I considered he was incurable; but to ascertain, if possible, what was the precise character of his complaint. After the fullest investigation, however, I was foiled in my efforts to determine this point. My opinion was, that the stomach was the principal organ involved; and supposed it to be a chronic inflammation, with perhaps thickening of the coats and ulceration. The idea of cancer of the stomach occurred, but as he rarely ever vomited, and as his complexion was *darker* than is usual in such cases, this idea was rejected. I gave him such medicines as the

the fissure being freshened and the lip dissected, free from its attachments to the gum, they were brought together by two hare-lip pins, supported by narrow strips of adhesive plaster.

Dr. Smith in remarking upon the case, called attention to the importance of dissecting the lip free from the gum, if, as generally happens, there are any adhesions, and of great watchfulness in the after treatment to insure success in this operation.

REMOVAL OF A PROLIFEROUS CYST FROM THE FEMALE BREAST.

A young woman, 18 years of age, presented a tumor the size of an orange, in the outer portion of the right breast, just above the nipple. It was not painful or tender on pressure, but was growing rapidly, having first made its appearance nine months ago, and gradually attained its present size.

There was no retraction of the nipple and no adhesion between the tumor and the skin. The mammary gland was freely movable, and the tumor was distinctly movable in the gland.

Careful examination showed that the tumor was smooth, but indistinctly lobulated and of considerable hardness, but without any sense of fluctuation, and that the touch could distinguish a well marked line of separation from the rest of the gland. From these symptoms, Dr. Smith had come to the conclusion, that in all probability, the tumor was not a malignant one. The absence of any retraction of the nipple, the movability of the skin over the tumor, and of the tumor in the gland, the circumscribed character of the growth, the absence of pain, and the healthy appearance of the skin over the growth, combined with the age of the patient, who was younger than it is usual for cancer to attack the breast, rendered it unlikely that the disease was of a carcinomatous character.

It presents, however, many of the characters of that class of tumors which have been described by the older surgeons under the name of cysto-sarcoma; though, if such be its nature, the absence of fluctuation renders it probable that the cysts are of small size.

The patient was perfectly healthy and suffered, as yet, little or no inconvenience, but as the tumor was growing rapidly, and it's all probability would soon acquire a size which would imperatively demand relief, on account of the inconvenience it would occasion, it would be best to remove it at once before the operation should become more formidable.

The patient therefore being etherized, a single incision was made obliquely across the outer part of the breast, about an inch and a half from the nipple, and the tumor was dissected out. It was found to involve a small portion of the upper part of the breast, the remaining part of the gland being perfectly healthy. Some small vessels having been ligated, the wound was closed by a few stitches of the interrupted suture supported by adhesive strips, and dressed with a cerate cloth and compress retained in position by a few circular turns of a roller.

The tumor thus removed, was found to be enveloped in a dense capsule, and on being cut into, showed a sinuous central cavity, into which florid papillary growths protruded. The central cavity and several peripheral ones, which, on close examination, were found to be continuous with the central, being filled with a dense yellow serous liquid.

This growth, then, is evidently to be regarded as a cyst from the inner wall of which papillary vegetations have sprung, encroaching upon its cavity to such an extent, as to render the tumor almost solid. Cysts possessing such enormous growths are spoken of as proliferous cysts. From the distinct character of the peripheral sac or cyst, from the absence of milky juice when the surface of a section through the solid parts of the growth is scraped, as well as from its general appearance, and from the history of the case before given, it is improbable that this growth in any respect, partakes of the nature of cancer, though a variety of cystic disease of a cancerous nature does occur in the breast, and is designated as cysto-carcinoma.

A microscopic examination would, however, be made, in order to render the matter more positive.

We are informed by Dr. Woodward, to whom the tumor was handed for examination, that the opinion above expressed of the character of the growth was correct, and that the outer capsule was mainly composed of well developed endogenous growths, mainly of undeveloped connective tissue; no elements being observed which would indicate the presence of cancer.

JEFFERSON COLLEGE HOSPITAL.

SATURDAY, Oct. 18th.

Service of Dr. Dickson.

A man with a numbness of the hands and face. This symptom was an important warning, being an indication of approaching apoplexy. He has a slight turning of the tongue

to one side, when it is protruded. His pulse is slow. Now this may be the result of degeneration of the blood, or its too free flow to the brain. He has headache occasionally, which would lead us to infer the presence of a congestion of the brain. We must draw the blood from this part, and the best thing to commence with will be a cathartic; as,

R. Calomel, gr. j.

Rhubarb, gr. v.

Aloes, gr. ii.

Every two hours till it operates. The diet should be moderate; no meat or stimulants.

SATURDAY, OCT. 16.

Service of Dr. Gross.

CLUB-FOOT.

Two cases of club-foot were presented. In one there was pes equinus with varus, or inversion of the foot. This is owing to the contraction of the tendo-Achillis. In dividing this tendon we must be careful not to interfere with the posterior tibial artery, by keeping the knife close in contact with the tendon. The knife employed has a flat, short blade, with a very small extent of cutting surface; this is passed in by a small opening, and the tendon divided by a sawing motion, taking care not to pierce the skin behind the tendon, which might prevent the usual good results. Apply adhesive plaster to this cut. Draw down the heel; keep it quiet for a few days, and we may not require any apparatus. The other case had both feet almost at a right angle with the leg. This was the result of the contraction of the tendo-Achillis and also the tibial muscles. The division of the tendo-Achillis was performed on one side, the other being left for a future operation.

SEBACEOUS AND PILOUS TUMOR.

A young man, sc. 16, with a tumor over the right eye, involving the upper lid.

This was an accumulation of sebaceous matter, from a closure of the orifice of one of these small glands. It was extirpated by opening, and then dissecting out the sac of the gland. A large amount of hair was found in the matter from this tumor.

CARIES.

A little girl, with her foot much swollen, just above the great toe; evidently a disease of the metatarsal bone. Chloroform was admi-

nistered, and an incision made, laying open the diseased point, and the necrosed bone scraped, or scooped out by means of chisels, etc. This is similar to the operations of the dentist in a carious tooth. Apply a cold water dressing, and keep at rest.

A PATIENT OF SIR ASTLEY COOPER!

Dr. Gross exhibited to the class a lady, aged 58, who had been operated upon by SIR ASTLEY COOPER for a cancer of the breast, which she had been troubled with for 13 years. About a year ago, a lymphatic gland became enlarged, and was removed. There is no appearance of any return of the disease. In the cicatrix, a cheloid tumor is present.

POLYPUS OF NOSE.

A man was shown, with an inability to breathe well through the nose, or blow it. Dr. G., with a long, thin pair of forceps, removed several portions of the tumor. Care must be taken not to catch the turbinated bones with the forceps. After the tumor is caught by the forceps, twist them around, and thus break off its attachment.

SATURDAY, OCT. 23D.

Service of Dr. Dickson.

CHRONIC DIARRHÖEA.

A man who has been sick all summer; losing flesh; has very small stools; tongue with a red streak in its centre, and a whitish fur at the edges. He has been troubled with diarrhoea for some time. This disease, in Mexico and South America, is particularly unmanageable. Here, it only becomes bad by continuance; it easily recurs, and the patient relapses, so that will become alone a source of irritation. Let him take one grain of opium every night, and three grains of tannic acid every three hours.

MALARIAL FEVER.

A woman who has had malarial fever; now has hectic. Has tubercles in the lungs, in the first stage. Has yellowish expectorations. Pulse 110. Been taking cod-liver oil, and Dover's powder at night. Slightly improved.

TUBERCULAR PHthisis.

A man, aged 63, with persistent cough; evidently a tuberculous case. Give the cod-

liver oil, etc., and let him eat freely of animal food. Rub the chest with mustard as a counter-irritant.

BRONCHITIS.

A man, aged 41, with oppression of breathing; cough; spits blood; no febrile irritation; has bronchitis. Give him an alkaline and anodyne.

R. Muriate of ammonia, gr. ij.
Dover's powder, gr. ij.

Three times a day. We only aim here at aiding nature.

SATURDAY, OCT. 23D.

Service of Dr. Gross.

Dr. G. showed the case of syphilitic ulcer, which was rapidly cicatrizing. Continue the treatment.

HIP JOINT DISEASE.

Dr. G. then exhibited several cases of tuberculosis of the hip joint. In each, he particularly instanced the symptoms of deformity, the child standing on one foot, with the other leg bent so as to incline it forward, the heel elevated; the buttock of the affected side flattened; the distance between the groove of the buttock and the trochanter being materially increased; the ilio-femoral fold having disappeared; the pain being generally referred to the knee, and thus causing a difficulty, and errors in the diagnosis.

Treatment.—In the first place, absolute repose must be insisted on, and the limb be placed in a carved splint, etc.

NÆVUS.

The baby with nævus in the forehead, previously operated on, was now presented. The tumor was much solidified, and Dr. G. tied the remaining portion by the same subcutaneous operation.

SEBACEOUS AND PILOUS TUMOR.

A boy, aged 4 years, with a tumor occupying the upper eyelid. Congenital. This was removed by an incision, and proves to be a mass of hair and sebaceous matter.

CLUB-FOOT.

He next divided the tendo-Achillis on the left foot of the infant previously operated on, and exhibited the apparatus to be applied.

CARIES OF TIBIA.

Young girl, set. 15 years. For three years has suffered with a disease of the tibia. He gave her chloroform, examined the ulcers, and then performed the operation of scooping out the diseased portions. This operation has been claimed as original by some modern surgeons; but it is as old as Hippocrates. He removed a number of dead pieces of bone, and laid open, while so doing, a large vein, the hemorrhage from which, he informed the class, would be stopped by sponge, etc., saturated, if necessary, with a strong solution of alum.

Reviews and Book Notices.

DISEASES OF THE URINARY ORGANS. A Compendium of their diagnosis, pathology, and treatment. By William Wallace Morland, M. D., Fellow of the Massachusetts Society, etc. With illustrations. 8vo, pp. 579. Philadelphia: Blanchard & Lea.

This work is one of much merit, worthy of the careful perusal of every physician, and deserving of a place in his library, as a book of reference. We are in want of just such books as this work of Dr. Morland. The attention of the profession, although being aroused to a more close and attentive study of the urinary apparatus, is not yet sufficiently excited—nor yet made to recognise the extreme importance of a more full and careful examination of all the facts and arguments touching the diseases of the urinary organs, and especially those of the kidney. We are satisfied that too little attention is paid by physicians generally to diseases of the urinary apparatus—that many are too unlearned in their pathology and the means of diagnosticateing their maladies; and that of those who are intelligent, in relation to their morbid conditions, many are too slow and indifferent in applying the chemical, microscopic, and other means useful in determining the nature of their ailments. This work is very complete in pointing out the means which should be taken to arrive at a correct diagnosis of the urinary organs, and in language forcible and pointed urges the physician to their use. How many of us call to our aid the test tube, the specific gravity bottle, in short, all the chemi-

cal, microscopic and physical means which we can command, and which are so useful in determining the nature of the affections of the kidneys? How often are we satisfied with a bare inspection of the urine, deferring other and more important observations of that fluid until the negative results of our treatment, and the fast-failing condition of our patient excite our fears; when we take to our tests, and by their appliance discover that which we least expected—the presence of albumen, oil globules, waxy plates, epithelial scales, sugar, or some other abnormal element in the urine—and then, when suffering humanity is about to succumb to the oppressive burden of the disease, we abandon our empiricism, and betake ourselves to a rational and scientific treatment. This language may be found fault with. The over-cautious and morbidly sensitive may regard it as too sweeping and too strongly denunciatory. If so, we cannot help it. We but speak the language of "truth and soberness," and for its consequences we are not responsible. Before finding fault with us for uttering such sentiments, we beg the reader to place his hand upon his heart, and answer, if he, in every case of renal disease which he has treated, has, at the earliest period, made use of all the means at his command, for the purpose of forming a correct diagnosis? If he has, then the language does not affect him; but if, on the other hand, he has been slow and tardy, then has he "most grievously offended," and is therefore culpable, and deserves more censure and stronger language applied to him, than we at present are disposed to use.

Apropos to this, we cannot forbear giving a short history of a case in which there was much neglect and carelessness of the kind to which we have referred that came into our hands in April, 1857. It was a case of Bright's disease, existing in an unmarried lady, aged twenty-eight years. According to her own history, although she had been in failing health for several years, did not become seriously ill until May, 1856, when she was seized with pain in the loins, accompanied with a sense of heat,

lassitude, oedema of the eyelids, face, and hands. Her urine was deficient in quantity and bad in color. From May, 1856, to April, 1857, she was in the care, at different periods, of six physicians, all of whom are regarded as men of intelligence and skill. Some of them occupy exalted places in the profession. Of the six, two pronounced her sufferings consequent upon disease of the liver; and one of these—a professor too, put her on mercurial treatment until mild ptyalism was produced, much to her discomfort, and to the no little aggravation of her renal disease. One pronounced her disease dropsy, depending upon debility; the fourth, ulcer of the womb; and the other two, affection of the kidney. Could the four of the six of these physicians have made such incorrect diagnoses, not to say *grave blunders*, if they had used ordinary care, and had devoted the necessary time and attention in applying the means—the tests with which they were doubtlessly well acquainted—in determining the nature of the malady with which this unfortunate lady was suffering, and which ultimately destroyed her, as was demonstrated by a post-mortem examination. Her kidneys presenting that form of Bright's disease, called by some the hypertrophied fatty degeneration; each kidney being twice the normal size, and twice the normal weight. These organs are now in our possession.

We should be pleased if we had more space, to give an extended notice of every disease, especially those of the kidneys, which Dr. Morland has treated of in his book; but the space in a weekly, by necessity, is limited, and therefore our notice will have to be limited also. As we have made some reference to "Bright's disease," we shall, for the purpose of giving the reader some data upon which to base an estimate of the character and value of Dr. Morland's work, make some extracts from his article upon "Fatty degeneration of the Kidney" or Bright's disease. This article is very full, embodying, in a condensed form, all the important facts in regard to the nature, predisposition, causes, diagnosis, prognosis, and treat-

ment of that disease, which Dr. Barlow has remarked is "classed among the opprobria medicinae."

Dr. Morland, in relation to the divisions and subdivisions of "fatty degeneration of the kidney," finds fault, as we think justly, with the numerous divisions made by some authors of this disease, these divisions tending rather to mystify than to enlighten. Dr. M. remarks: "Whilst Dr. Bright proposed three divisions alone, others have complicated the subject by making six and even eight different forms." Dr. M. makes but two divisions, the "hypertrophied fat kidney and atrophied fat kidney;" both of which conditions he fully describes, and points out the difference in their pathology. In relation to the nature of fatty degeneration of the kidney, our author remarks: "The fact that fatty degeneration is not unfrequently a direct sequence upon other renal affections, should be remembered: particularly that it often constitutes an advanced stage of the non-desquamative disease. Many celebrated observers have laboriously investigated the nature of these affections, and to no single point has their attention been more perseveringly turned than to a solution of the important question: 'What is Bright's disease?'" * * * A certain affinity belongs to the affections of any organ whatever—function being a constant quality, that which interferes with structural integrity touches the normal play of the apparatus; but different morbid processes do so in unequal degrees and with various results, whilst the general tendency is nearly, or quite the same. It has therefore been well remarked that the term 'Bright's disease' is liable to convey the idea of too positive singleness, and not that there is a class of diseases thus designated, whose pathology was first announced and explained by the distinguished physician, whose name is rightly attached to them." * * * "Fatty degeneration presents itself in two forms; one affords constantly large quantities of fatty matter when the disease is well established, the other, smaller but distinct depositions of the same nature. In one the kidney is in-

creased in size and weight; in the other, these are lessened—more particularly the size. In the large white, or in the mottled kidney, the tubes are finally filled with oil or other foreign matter, and rather tend to dilatation than to atrophy: in the granular contracted kidney they most frequently lose their epithelial lining and waste. * * * * The urine, it should be remembered, is scanty in the large white kidney, when compared with the healthy secretion, and is very albuminous: on the contrary, the small granular kidney is generally accompanied by a much more plentiful flow, and the albumen is less. Dropsy being generally occurring in a proportion inverse to the amount of urine, we have a cogent reason in the above state of things for its frequency in the large white fatty kidney when contrasted with its opposite."

In the treatment of "Bright's disease," Dr. Morland favors the use of diuretics and evacuants, in the latter stage of the disease. We would say, that we have certainly seen much benefit, nay, restoration to health, result from treatment, the basis of which was diuretics, where all the rational symptoms, physical conditions, together with the developments made by the application of tests to the urine, demonstrated the existence of "Bright's disease." A favorite prescription of ours for "the relief of the dropsy, and for the excitation of the kidneys, is a diuretic mixture composed of potassæ acetas, 3*ij.*, tr. scillæ, 1*ij.*, tr. digitalis, 1*giss.*, syrups, 3*ij.*, aque, 1*3 viss.*, given to adults in tablespoonful-doses, every two hours. We are confident, also, that we have seen potassii iod. in doses of eight to ten grains given every two hours in combination with tr. scillæ and tr. digitalis, of positive service in this disease. These remedies are slow in producing their effect, therefore we must be patient and persevering in their use, and not grow weary of, and lose confidence in them because the manifestation of their utility is not prompt and speedy. We must not be unmindful that we have an organ altered in structure to deal with—that but a portion of its tissue is in a condition to respond—and that

the response will be slow or fast, much or little in accordance with the amount of healthy structure, and that any decided increase of functional activity, no matter how gradually it may develop itself, may be regarded as an evidence strongly indicative of the restoration of the organ to its normal condition. And then, as in the instance of the kidneys, if in conjunction with increased secretion of urine, we have diminished amount of abnormal elements, as we have seen by the use of the remedies referred to, we should feel at least that such results were encouraging and suggestive of a patient perseverance in their use, even though the improvement were slow, indeed.

We cannot dismiss Dr. Morland's work without the declaration that it is a good book, for which he merits, and we hope he will receive, the *substantial* thanks of the profession.

A. N.

Editorial.

A FEW WORDS TO THE PROFESSION.

The advancement or success of every profession depends upon the *energy* as much as the *ability* of its members. This will be equally true of a society, or any other combination of talents, and it is, therefore, necessary for each member of that society, or profession, to be prepared not only to lend his powers when called upon at certain intervals, but to exhibit *some* energy in promoting at all times the objects for which it may have been established. These remarks will particularly apply to the medical profession, and the various associations which are connected with it.

There is a highly commendable display of energy among a few, but as a general rule, medical men are inclined to cast all the burden of promoting the best interests of their profession upon those few who are always ready to work in its behalf. The majority are well satisfied to enjoy the results of this labor when brought to them in the form of a discussion in their society, only costing them the trouble to listen

to it, or a valuable article in a Journal, only requiring the trouble to read it. Such men are much pleased with reading the results of the patient research of a professional brother, who may have spent many tedious hours upon the work, but never for one moment give a thought to how much could be done by themselves in a similar manner. Not only have we noticed this lack of energetic desire for the good of their profession, since engaged in our editorial capacity, but repeatedly has it occurred to us, while on a committee in some Association, to find one after another decline to act as the opener of some debate, or take the initiative in any other matter which is acknowledged by all to be of immense importance. Finally, from meeting with so many rebuffs, gentle and courteous though they be, the committee, perhaps imbued with a certain share of the same apathy, cease to attend to their duties, and a storm of indignation bursts upon their devoted heads for allowing the business to languish, and perish from inanition.

We know of immense hoards, in this city alone, of intellectual wealth, which is miser-like kept in some dark closet, or strong chest of a brain, and not because of any want of good feeling for his associates in the profession, but simply in consequence of the apathy which affects to such a fearful extent the medical world. We say medical, because in no other branch of science are men willing to permit any portion of their knowledge to remain locked within their own brain, but are ever ready, in season and out of season, early and late, to contribute every particle that they may possess for the general good of all.

We say to each member of the profession, it is your duty not only to attend to your practice, and acquire all the knowledge you can, for the promotion of the health and comfort of those who may seek your advice and aid, but you owe it to your brethren, to your profession, to the world, as a sacred duty, to give them the results of your experience and observation.

Each and every one of you should connect yourselves with your County Society, and if

there is none in your vicinity, endeavor to imbue your co-laborers with sufficient spirit to start one, and once there, never to allow your energy to flag, but prepare your notes and queries, and submit what you have gathered, while you seek to obtain the collections of others. When you are puzzled with a case, meet some new form of disease, or discover a new adjunct to our armamentarium; having fully satisfied yourselves that there can be no mistake, do not wait for time, or anything, but hasten to spread the facts before those who are equally interested in the results, by means of the medical Journals or Associations.

Periscope.

ON THE TREATMENT OF ANEURISM BY COMPRESSION AND WITH THE PERCHLORIDE OF IRON.

In our second number there was a notice of some cases of aneurism treated by Dr. John Reddy, of Montreal, and published in the Sept. No. of the *Medical Chronicle* of that city, by the means indicated above. That notice was too brief to do justice to the subject, and we again call the attention of our readers to it.

The first case was an aneurism in the popliteal region. This was successfully treated by the use of Carte's compressors alone. Pulsation in the part ceased eight days and four hours from the time the compressors were first applied, and the tumor gradually diminished, until, when he left the hospital on the 16th of July, it had nearly disappeared.

Dr. Reddy furnishes the following statistics of the treatment of aneurism by compression, which is worth copying:

"The number of cases now on record of the successful treatment of aneurism by compression, have completely established this method of cure as one that must supersede every other, where it can be made available. Mr. Tufnell, in a very excellent article in the *Medical Times and Gazette* for 1854, gives the particulars of all the cases, 47 in number, that had occurred in Dublin, between the years 1842 and '54. 36 were cured by compression; 3 died of other diseases while undergoing treatment; 1 unsuccessful; 5 were treated by ligature; and 2 underwent amputation. In a late work, published in Paris in 1857, by M. Broca, who it appears

has devoted a great deal of attention to the subject of aneurism, with reference to compression, the author recommends that this method should be tried two or three weeks, even supposing that the ligature may be considered ultimately necessary. He says that, from 1842 to May 1854, compression had been tried in 163 cases. In 12 it could not be long maintained, in consequence of the pain becoming intolerable. There remain 151 cases in which compression was continued with sufficient perseverance. From these, 24 must be taken, as the compression failed, from not having been properly applied. This leaves 127 cases to dispose of. Out of that number, 116 were successfully treated. The treatment was ineffectual in the remaining 11 cases, and every circumstance concurred to prove that in 6 of these compression failed from a peculiar idiosyncrasy, showing itself in the results of the subsequent application of the ligature. The average of deaths in the 127 cases was no higher than 5 per cent. I shall contrast with the above those wherein the ligature has been used. Dr. Crisp, in his book, gives the particulars of 188 cases, where the vessel was secured for popliteal or femoral aneurism. One-fourth terminated fatally, or were maimed for the rest of their lives. Mr. Phillips collected 171 cases of aneurism, affecting the lower extremities, which were submitted to the Hunterian operation. Of these cases, 57 (or exactly 1 in 3) were unsuccessful, in which all the patients except two died—not of the disease, but of the operation. Amongst the successful cases, secondary hemorrhage occurred 15 times. 59 of these cases required ligature of the femoral artery, 39 of which were unsuccessful, thus giving a mortality of two in three in the artery most frequently subjected to the operation. Mr. Norris gives a fuller report, his table consisting of 177 instances, (155 popliteal and 22 femoral.) 38 died; 6 recovered after subsequent amputation; 8 recovered after suppuration of the sac; 2 after gangrene of the foot; total, 56; so that one out of every three terminated fatally, or were to a certain extent maimed for life. M. Broca states the relative success in the treatment by compression and by the ligature to be, that 5 per cent. die under the former, and nearly 25 per cent. under the latter. Such an amount of evidence as the foregoing, in favor of compression, at least deserves the mature consideration of those who still advocate the more elegant and apparently quicker method by ligature.

"There have been but four cases of aneurism

treated by compression in this city, (Montreal,) and each has terminated successfully: one by Dr. Fenwick, traumatic aneurism of the radial artery, cured on the 31st day; one by the late Dr. Crawford, diffused popliteal, cured on the 21st day; one by Dr. Godfrey, circumscribed popliteal, cured on the 35th day; and the one now recorded, being the first that underwent this treatment in hospital."

Dr. Reddy next publishes the results of four successful cases of treatment of aneurismal tumors by the method of M. Pravaz, of Lyons, *viz.*: the injection into the tumor of the perchloride of iron, causing speedy coagulation of the fluids, and subsequent sloughing out of the tumor, and filling up of the cavity by granulation. The following statistics of the treatment of aneurismal tumors by injection, are interesting:

"In addition to the successful cases, detailed by me, I have collected the few following from various sources. M. N. Deslongchamps treated an aneurism of the supra-orbital artery, with complete success. One by Niepce, of popliteal aneurism. Another by M. Serre, of varicose aneurism at the elbow. One by Mr. William Adams, of the posterior tibial, from wound. One by Dr. Pavesi, of Bergamo, 16 drops were injected; in ten minutes it was solid; no trace in a month. M. Jobert injected 6 drops into a varicose aneurism, at the bend of the elbow; there was some difficulty at first, but finally succeeded. Mr. Lawrence injected 8 drops, two days in succession, into a *nævus* of immense size, upon a child's cheek; a cure resulted. M. Pallum injected varicose veins above and below the knee, in a man 52 years of age, followed by a perfect cure.

"M. Paul Broca, in the treatment of superficial aneurisms (known as wine spots,) blistered the part, then applied the perchloride of iron to the surface, with success."

Other substances have also been recommended, as liquor iodo-tannique by Deschamps; a solution of tannin by Messrs. Walton and Taylor, of London; lactate of iron by Dr. Brainerd, of Chicago; and a solution of acetate of lead by M. Lassanio.

DIET OF CHILDREN.

We obtain the following ideas on this subject, from the *Virg. Med. and Sur. Jour.*

Dr. Routh of the Samaritan Free Hospital, says, "The analogy of the comparative anatomy of warm blood animals, and the special anatomy of a child's alimentary canal, indicate that its

food should be animal. The child should not be weaned if it can be avoided, before the eighth month. At this period it may be allowable to give vegetable food, but animal is better.

The vegetable aliment selected, should contain chloride of potassium and phosphoric acid among its mineral ingredients, and a due proportion of plastic as compared with calorificant matters; excess of starch being very difficult of digestion. If pap be given, it should be made with milk, so as to include fat and chloride of potassium in the compound, and not given in large quantities; above all, it should not be made with white town-made bread, which contains alum, and is nothing better than a slow poison."

CARBONIC ACID AS AN ANÆSTHETIC.

This article seems to have come much into notice within a short time. Several communications have recently appeared in foreign journals concerning its anaesthetic properties, and we are informed that some members of the profession in this city are engaged in experiments with it. An article appears in the *Dublin Med. Press*, alluding to some observations made by Dr. R. Jones, before the Surgical Society, on its use in diseases of the female bladder. The following abstracts on this subject, we obtain from the *Am. Jour. of Med. Science*.

"It is eminently useful as an anaesthetic and curative means in certain diseased states of the female bladder when injected into that organ.

It gives much relief in the painful sympathetic and organic affections of the uterus and neighboring organs, when applied per vaginam.

It is likely to prove beneficial in diseases of the bladder in the male, when similarly employed, and is deserving of trial in such cases.

Hemorrhage and incontinence of urine are by no means barriers to its employment.

Being a dangerous means of inducing premature labor, its use is contraindicated for such a purpose.

IODIDE OF POTASSIUM FOR DISPERSION OF THE MILK.

The *Amér. Jour. of Med. Science*, has the following from *Gazette des Hôpital*. "M. Rousset, the Professor of Clinical Midwifery at Bordeaux, having observed the effect of iodide of potassium in diminishing the milk when given in the non-puerperal condition, resolved to ad-

minister it in cases in which the dispersion of this secretion was desirable. A woman who suffered from bad chapped nipples, had great and very painful engorgement of the breasts, attended with much fever. The iodide was given, and by the next day, the pain and fever had disappeared, its employment for three days producing the cure of a tumefaction that threatened abscess, complete. M. Roessel has since then tried it in twenty cases, and always with success. After the cure, the milk returns again two or three days after the suspension of the iodide. Its action is more decided in the dose of from six to eight grains per diem, than when given in large quantities. The excessive secretion of milk may be prevented or moderated by administering it on the first or second day after delivery.

When debility and lassitude are caused by its employment, its use ought to be suspended till these symptoms disappear.

It acts as a disinfectant, and removes the bad smell from the urine."

GALLIC ACID IN PURPURA HÆMORRHAGICA.

The Amer. Jour. of Insanity has a report of a case of purpura haemorrhagica treated with gallic acid, with the most complete success. The patient was insane, and feeble. The tannic acid was used in doses of five grains, for about ten days, and as no good result followed, was discontinued and the gallic acid substituted in the dose of ten grains three times a day. Immediately a marked change occurred; the treatment was continued with an increased dose, and by the end of the month he was convalescent. Three months after, his dementia was less; and health otherwise excellent. At the time of the commencement of the disease, he was taking for anaemia, the citrate of iron, which is often employed for the cure of purpura.

GLYCEROLE OF ALUM AND WHITE PRECIPITATE IN ERYSIPELAS.

In the Amer. Jour. of Pharmacy, we find the following from *La Presse Méd. Belgique*.

"Dr. Anciaux, of Belgium, recommends the following preparation in erysipelas:—R. Alum in impalpable powder, 20 grammes; white precipitate, 1 gramme; triturate intimately; and, having put the powder in a vial, add glycerin, 90 to 100 grammes. Agitate the vial until the mixture takes the consistency of cream. The vial is to be shaken every time it is used."

PERISCOPE.

Medical News.

MARRIAGES.

COOK—GALLAGHER.—On Thursday evening, Oct. 14th, by Rev. D. H. Barrow, Joseph L. Cook, M. D., of New Alexandria, to Miss Mary Jane, daughter of Mr. James Gallagher, near Pleasant Unity, Westmoreland Co., Pa.

FRENCH—FANK.—On Monday, Oct. 18th, by Rev. Joseph Clark, Miss Josephine A., daughter of the late Dr. R. M. French, of Fayetteville, Pa., to Mr. C. A. Fank, of the same place.

DEATHS.

WATSON.—Dr. G. Watson died in this city, on Thursday, 29th of October, 1858, we believe of cancer of the stomach. Dr. W. was a Scotchman by birth, but had resided in our city for several years, and was favorably known to the medical profession, as also to the scientific world. He was connected with our City Medical Associations, the Academy of Natural Sciences, etc. He never aspired to prominence as a practitioner among his medical brethren, but was much esteemed on account of his social qualities, and his quiet, unobtrusive manners.

To CORRESPONDENTS.—Communications have been received from Drs. D. H. Agnew, of this city, Samuel R. Forman, of Hoboken, N. J., and E. H. Sholl, of Alabama.

PAMPHLETS.—The following pamphlets have been received: Transactions of the New Hampshire Medical Society, 68th Anniversary, held at Concord, June 1st and 2d, 1858; from Dr. Thayer, of Keene. Physiology, Pathology, and Therapeutics of Muscular Exercise, by W. H. Byford, M. D., of Chicago; from the author. Typhus Fever in Great Britain, by J. B. Upham, M. D., of Boston; from the author. Inaugural Address, delivered before the N. Y. Academy of Medicine, Feb. 3d, 1858, by J. P. Batchelder, M. D., President elect; from the author. Tableau of the Yellow Fever of 1858, in New Orleans, etc., etc., by Bennet Dowler, M. D., New Orleans; from the author.

Also, in exchange—The Sanitary Review, and Journal of Public Health, including Transactions of the Epidemiological Society of London. Edited by W. B. Richardson, M. D., etc. Quarterly. July No. received.

has been published from time to time, but no original work has been given until now. The author had no difficulty in finding material for his work, as there is a great deal of information to be found in the medical journals and periodicals.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, } PHILADELPHIA, NOVEMBER 12, 1858. { NEW SERIES,
NO. 108. VOL. I. NO. 7.

Original Communications.

On the Use of the Hypophosphites of Soda
and Lime in Phthisis.

BY SAMUEL R. FORMAN, M. D.,

Of Hoboken, N. J.

THE attention of practitioners has of late been called by several foreign physicians, more especially by Dr. J. F. Churchill, to the use of a new medicinal preparation in the treatment of phthisis pulmonalis.

In a paper read before the French Academy, Dr. Churchill states his views as follows:—

The immediate cause of tuberculosis, or at least an essential adjunct, is a decrease in the organism of phosphorus, which therein exists in a state capable of oxidation. To supply this want, he proposes, as a specific remedy, two similar preparations of phosphorus, the hypophosphite of soda and that of lime. These, he says, present two characteristics, on which account he has chosen them. Firstly: in them the phosphorus exists in a state fit for immediate assimilation; and, secondly, it is likewise in them in the lowest possible state of oxidation. They act by increasing the principle which constitutes nervous force, and are at the same time powerful haemagogens; they possess all the therapeutical properties of phosphorus, and none of its dangers.

By the use of these remedies, in quantities varying from ten to sixty grains a day, (usually fifteen,) all the symptoms were dispelled with wonderful rapidity. When the tubercles were recent, and the softening incipient, they were removed by absorption, and no trace was left. When they were older, and of a higher degree,

they continued to break down, and the issue depended on the peculiarity of the lesion, or its extent, or more especially on its complication.

To support his views he adduces thirty-five cases, in both the second and third stages, (with softening or cavities;) of these, nine recovered, eleven improved, fourteen died, and one remained under treatment.

The publication of results so successful authorized a further trial of the remedy. An opportunity for making the experiment in a satisfactory manner was afforded last winter in the wards of Bellevue Hospital, New York. Accordingly, at that time, by the advice of the physicians then visiting that institution, the house physicians each selected a number of suitable cases, and began the use of the medicine.

The annexed cases are from notes then taken.

Case 1. Bridget Gall, a girl of 15, a native of New Jersey, was admitted in Dec. 1857. Her father died of phthisis, her mother of cholera. She herself has been well until about a year ago, when she began to have a little cough. About four months ago, had haemoptysis after a violent blow on the chest; the cough increased after that, and she has been spitting blood lately; for a week past she has had not much cough or expectoration. Auscultation presents the physical signs of tubercles, in the first stage, at the apex of the left lung. She was put on the use of the hypophosphites of lime and soda alternately; five grains three times a day. After about a month's use, no perceptible change occurred in the physical signs. Her general appearance was always good, she had not emaciated any, and she said her appetite

had improved; but this was capricious; and after about two weeks more, not finding any manifest benefit to accrue, she returned home.

Case 2. Margaret Simmons, a single Irish-woman of 22, entered the hospital about the middle of December. Predisposed to phthisis: her mother having died of it. She has had a cough for the past four years; within the last month, night-sweats and rapid emaciation. She is unable to retain cod-liver oil when administered; her appetite is poor, and cough excessive. Both lungs present the physical signs of softening tubercles. She was put on the use of the hypophosphites, but left, after having used them about three weeks, as she thought with some benefit; the physical signs remained the same.

Case 3. Catharine Henderson, aged 26; a widow; native of Ireland. Came in on the 26th of Dec. No hereditary tendency to disease traceable. Five years ago, she says she had "rheumatism of the heart;" no physical signs of cardiac disease now presented. At that time she had haemoptysis and a slight cough, both of which have continued at intervals ever since. She has emaciated some, though her appetite has been good, and she has had no night-sweats. Harsh inspiration, and slightly prolonged expiration are heard at the apex of one lung. She continued the use of the hypophosphites for several weeks, but her cough continued as severe as on entrance, and she did not gain any in weight. The haemoptysis stopped. When she left, the physical signs were unchanged.

Case 4. Charles Wright, aged 68, came into the wards suffering from pneumonia. A deposit of tuberculous matter was detected in both lungs about six weeks afterward. The disease is not hereditary. He is not much emaciated, though he calls himself very thin; his appetite is pretty good, and cough not very severe; he has had no haemoptysis.

Dec. 24th. One month after, his condition is noted; no manifest improvement; physical and rational signs the same. He continued the medicine for about a month longer, but not

feeling any better, he grew discouraged, and began the use of cod-liver oil.

Case 5. James Thompson, a native of Ireland. No hereditary tendencies traceable. Says he has had a cough for ten years, and an occasional attack of bleeding from the lungs since July, (four months ago,) the last one was ten days ago. He has a severe cough, copious expectoration, and great debility, though his appetite remains good. Physical examination shows signs of softening tubercles at the apices of both lungs. He was put on the use of the hypophosphites on the 22d of December. They were continued in large doses for three weeks, at which time, though the cough and expectoration were less, and he felt stronger, night-sweats and increased debility becoming apparent, they were stopped, and quinine and cod-liver oil substituted. Under the use of these for only two weeks, his appetite improved; the hectic fever ceased, he grew fat and stronger, his cough was less, and no haemoptysis occurred. He remained in the ward all winter, and early in the spring went out to work. The physical signs in February were the same as on first examination.

Case 6. Henry Gardiner, a native of this country, was admitted for phthisis in December. His father died of consumption. He himself first had a cough fourteen months ago, but never had any haemoptysis till this month; his appetite has been good, and he has not emaciated much; his cough is severe, and expectoration copious, but not bloody; he is very weak, but is still able to sit up. Auscultation shows a slight tubercular deposition in the right lung, and a few râles from softening tubercles in the left. On the 22d, he was put on the use of five-grain doses of the hypophosphate of soda, three times a day. One week after, he was thoroughly examined, but no marked change was perceptible. His expectoration was not so copious. On the 18th of January, his condition and symptoms were again noted, and as no improvement in either rational or physical signs was presented, the medicine was stopped.

In three other cases, of which notes were

taken, the experiment resulted in a similar manner.

In the six cases adduced, the ages ranged from 16 to 68. Three were of each sex. Three were natives of this country, and three of Ireland. The disease was hereditary in three, while no tendency to it was traceable either on the paternal or maternal side in the others. In three the disease was in the first stage, in three in the second; two had only one lung affected. The results of two were doubtful; of two others, no improvement; and of the other two, a steady advance of the disease.

Similar results were obtained in the other divisions where the experiments were made; and the use of the medicine as a remedy in phthisis was abandoned.

Congenital Deformity of the Fingers Successfully Treated.

By D. Hayes Agnew, M. D., of Philadelphia.

The following case is interesting, in consequence of exhibiting, in a remarkable manner, the entailment, through several generations, of a congenital mal-development. A little girl was presented at the Surgical Clinic of the University, during the winter of 1857, with a union of the middle and ring fingers of the right hand in their whole extent. An operation had been performed some time before, but they became again united, and in addition permanently flexed on the hand. On inquiry, the father informed me that the child's great-grandmother on the mother's side had the corresponding fingers of the right hand similarly united: her son, the child's grandfather, two toes joined, and each little finger strongly adducted, beginning at the second phalanx: his daughter, the mother of the child, both little fingers turned in likewise: the mother's sister, aunt to the child, the middle and ring fingers of each hand united: a brother, uncle to the child, two toes on each foot joined, the same, therefore, as the grandfather. Two other sisters of the mother are perfect, one of whom, married, has a child in which the middle and ring fingers of each hand are united.

As the case was handed over to me by Professor Smith for treatment, I proceeded, after etherization, to excise the uniting, now cicatricial bond from each finger, and by dissecting the deep attachments of the integuments from the anterior and posterior portions of each finger, taking care to go beneath the digital blood-vessels and nerves, I was able to bring the two edges for the most part together, so as to cover up the gap made by cutting out the old cicatrix. As the fingers obstinately resisted all efforts to straighten them, the tendons of the superficial flexors were divided, which admitted at once of their being extended. The next point was to place healthy tissue in the base of the interdigital cleft, for it is here where union in such cases begins, and travels steadily forward toward the extremity of the fingers. In order to obviate this, a V shaped flap was raised from the dorsal surface of the hand, and drawn through between the fingers toward the palm. Several stitches of the interrupted suture secured the parts at different points, the hand was placed on a straight splint and a water-dressing applied. Under the care of Dr. Woodward the case progressed favorably until the parts had entirely healed. Six months after, I saw the child, when the fingers remained straight, and separate.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SATURDAY, OCT. 30.

Service of Dr. Gerhard.

CHRONIC DIARRHOEA.

(See Report of September 22d, page 22, and of October 2d, page 47.)

A man who had chronic diarrhoea: Brought before the class four weeks ago, and presented in an extremely exhausted condition. He is now very much improved, his strength is rapidly increasing, and he has but one stool a day. He took tannin and opium; the former is the very best vegetable astringent we have. He also had injections of nitrate of silver and laudanum. We have now placed him on full

diet, and he will shortly be discharged, but he must be careful for a year or more, as the disease is liable to recur.

DIABETES.

A seaman, aged 23 years; looks well. Three years ago, was first taken with intense thirst; he never drank much spirits, and this could not be attributed to that cause.

This disease generally begins in young people, say from 10, 20, to 30 years of age, though it is occasionally found in old people. About one year ago, his passage of water had increased to an enormous amount, and he found it sweet to the taste and smell. He has a slight pain in the back, and is subject to slight cephalalgia, though the latter is only an accidental symptom. His mind is perfectly clear. He has been in three other hospitals, and also under the care of many physicians. When he first entered the house three days ago, he passed ten quarts in one day; now he passes but seven, which is of a pale straw color. Its specific gravity is 1.030; litmus paper is reddened moderately by it; by mixing with it in a tube, sufficient solution of sulphate of copper to color it, and the same amount of caustic potassa, and then heating the tube, we have an orange precipitate formed. When yeast is mixed with it, a large amount of gas is formed by the fermentation. We had the process of forming sugar from the urine going on, but unfortunately, by the attendant being called off, it was burned. He is evidently laboring under diabetes, has no fever, no pulmonary disease; but, unless he dies from the effect of the diabetes, phthisis will come on and destroy him.

The disease kills the patient, by the emaciation and subsequent action on the brain. We can do but little here, and cannot produce a cure. Many plans have been offered to cure it, but none have been found to succeed. Animal food has been employed, because that prevents the formation of sugar. Yeast in large quantities has been used, and is now much in favor, but neither of these is certainly curable. We may cause it to go on more slowly, and prolong the patient's life, and shall therefore put him on the use of yeast in tablespoonful doses every two hours, and increase the amount; give tonics, as iron and quinine, cod-liver oil, and animal food. The reason we cannot cure is that the diuresis is not the disease, only a symptom, and though we diminish that, yet the cause of the trouble is not remedied. We find, on examination, no disease or alteration of the

kidneys or brain, and are unable to detect the point of disease.

After the exhibition of some pathological specimens, Dr. G. recapitulated the cases he had presented to the class during his term, and bade the gentlemen farewell, having announced that Dr. Wood would take charge next Wednesday.

Service of Dr. Norris.

SEVERE GUN-SHOT WOUND.

Case 1. A man was presented who had been shot with a pistol ball in the left hand; it passed in at the metacarpal articulation, going up through the wrist, to just below the elbow, where it was extracted. The wrist joint was partly opened. In consequence of the dangers of this case, a consultation of the surgeons of the hospital was held, and it was determined to endeavor to save the hand, though amputation would relieve the patient of much risk; but considering his youth, and health, it was thought best to give him the chance. We may have secondary hemorrhage, and several other complications, as tetanus, which is very liable to occur, or suppuration very freely, etc.

It was dressed, placed on a splint, and elevated, in order to apply irrigation, by passing a stream of cold water from a siphon upon it. Anodynes were given to relieve pain.

SEVERE BURN.

Case 2. A man who, while under the influence of liquor, had fallen against a very hot stove. He was severely burned on the right thigh and back, presenting a large surface for ulceration. He has no pain now, but when sloughing takes place, and the raw ulcers are exposed, he will suffer very much, which must be relieved by anodynes. Keep him at rest, purge him gently, apply poultices to the parts, and, when necessary, support him with tonics and stimulants.

Case 4. Dr. N. also exhibited a man who had been badly burned while blasting, some thirteen months ago; the burns had been very long in cicatrizing, and he still had a small ulcer, which would take some six weeks to heal. He was burned from the top of the thigh down to the middle of the right leg, and his life was despaired of for some weeks.

COMMUNICATED FRACTURE OF THE ELBOW.

(See Report of Oct. 27th, page 97.)

Case 5. A man who had fallen from the

Catholic Cathedral on Logan Square, which produced a compound comminuted fracture of the elbow. The shock was so great that he was insensible till yesterday; now he is able to understand. He is not paralyzed, but was so low as to require stimulation; and reaction came on very nicely. He has also a fracture of the radius at its lower end; and suppuration is beginning to take place freely. It was placed on a splint, and elevated to allow the matter to pour out. He passes his water involuntarily, but should be attended to, and his bladder not be allowed to burst from the accumulation of water, which might take place. He will be watched closely, and the symptoms treated as they arise. Give mild nourishment, and if any delirium occurs, or appearance of trouble with the brain, deplete by means of cups. This is still a very serious case.

WEDNESDAY, NOVEMBER 3d.

Service of Dr. Wood.

PRELIMINARY REMARKS.

In announcing the commencement of his term of three months' service in the Hospital, Dr. Wood remarked, that he should not pursue any systematic method of teaching medicine. It is not the object of hospital instruction to do this, but to take cases as they present themselves in the wards. The ordinary course of hospital instruction would take us from bed to bed in the wards, but as it is impossible for so large a class to see the cases in this way, they are brought into the amphitheatre that all may have an opportunity of seeing. We shall, therefore, as a rule, pass regularly through the wards, presenting cases as they come. In this way you will have the advantage of seeing disease more as you will encounter it in general practice. We cannot, of course, treat fully of the diseases which come before us, but only notice briefly, the phenomena presented in each individual case, and try to get some practical instruction from each.

OXALURIA.

The first case presented was that of a boy, st. 14, pale, pulse a little quick, though this may be the result of excitement; tongue clean, appetite good, no fever. He infers, therefore, that the digestive organs are not deranged. From his anæmic appearance, would suspect œdema; and, on examining the feet, we find that they are swollen; he has anasarca. His bowels are regular, and his passages are of a proper color. There seems therefore to be no

organic disease of the alimentary canal, or of the organs connected with it. This being the case, we suspect that the difficulty is in the kidneys. His urine has been examined; there is no albumen in it; but, on microscopic examination, we find crystals of the oxalate of lime. These are transparent and generally octohedral in form, though they are frequently found in the form of dumb-bells, and sometimes circular or oval. In this boy we have this condition of the urine associated with an anæmic condition of the blood—anæmia, anasarca, oxaluria. When this deposit in the urine occurs to any considerable degree, it is evidence of an unhealthy condition of the blood, dependent on derangement of the assimilative functions. Instead of the elimination of the urates from the blood, oxalates are formed.

Treatment.—The first indication in this case is the restoration of the blood to its normal condition, by increasing the red corpuscles. For this purpose there is nothing so good as iron and nutritive animal food. He is taking the tincture of the chloride of iron. I will tell you shortly why we give it in this form. Next, we must combat the other derangement, the production of oxalate of lime. It is known that the mineral acids have an excellent effect for this purpose. They were recommended by Dr. Prout. Dr. Bird recommends the nitro-muriatic acid in preference to any other; and his own experience with it has been very satisfactory. Its action is not direct on the deposit, but it acts primarily on the function of nutrition. This boy is taking three drops of the nitro-muriatic three times a day. I said that I would tell you why I gave this patient iron in the form of the tincture of the chloride. Simply for the reason, that it is compatible with the other remedy he is taking—the nitro-muriatic acid. If, for instance, we gave the precipitated carbonate of iron, nitrate of iron would be formed. On account of his anasarca condition, we would like to give this boy cream of tartar for its diuretic effects, but it is contraindicated, as it would be incompatible with the acids he is taking. Sometimes œdema is dependent simply on the anæmic condition of the patient, and the effused fluid is at once absorbed on improving the quality of the blood. On examining the heart by auscultation in these cases, we often notice a murmur, but there is none here.

OXALURIA WITH PHOSPHATIC DEPOSIT.

The patient was a stout, ruddy, healthy-looking man, of about forty. For three years, he

says, he has had pains and a sensation of heat in the epigastric region, and over the whole abdomen. His appetite is good, but his bowels are constipated. The tongue is slightly coated. He does not find, on exploration, that there is any enlargement of any of the abdominal organs. The disease is, therefore, probably functional.

In obscure cases of disease, accompanied by an unaccountable depression of spirits, it is well always to examine the urine. Evidence of error of nutrition will often be found. This man's urine has accordingly been examined, and has been found to contain oxalic acid deposit; as also, an excess of phosphatic deposit. With the latter, there is always nervous derangement unless you can trace the deposit to some positive inflammation of the urinary passages. We will give this patient five drops of the nitro-muriatic acid three times a day, and compound rhubarb pills as a laxative.

TUBERCULAR PTHTHISIS.

Man, aet. about forty. He has been sick for eight months. Up to that time he had no sickness; no cough; pale, emaciated, pulse quick, 90 to 100, skin variable, cool now, but in an hour may be hot and feverish. On two occasions, he says, he has spit a little blood. You are aware, gentlemen, what the symptoms detailed, lead us to suspect. But these are not absolute signs of tubercular disease, and we will make a physical exploration. On percussion, we find flatness on both sides, particularly on the left. This indicates either solidification or effusion into the pleural cavity. If it is effusion, there will be greater dullness below than above, as the effused liquid would gravitate to the bottom of the cavity. It would take a very large amount of effused serum to cause flatness so high up. But we find the sounds clear below, and, therefore, conclude that the flatness above is the result of solidification of the lung. We hardly ever find solidification of the lung without tubercular deposit, though the flat sound indicating solidification, might be occasioned by chronic pneumonia. On auscultation on the right side, there seems to be a crackling sound, but—and here is a practical point, gentlemen—you perceive that he has a linen shirt on and a flannel one beneath that, and the apparent crackling sound may be caused by the friction between these. We will therefore remove these coverings and simply apply a soft linen napkin between the ear and the chest. We still find a little crackling and a prolongation of the expiratory sound. The

probabilities are, that we have here tubercular deposit. We have the vesicular murmur of the air-cells mixed with the bronchial sounds. This is called rude respiration, and indicates a little softening. We will now examine the left side under the clavicle; first near the sternum, and at once, without the possibility of doubt, we discover a hollow sound like blowing into an empty bottle. This sound is amphoric, and indicates a cavity. There is a vibratory movement of the sides of the cavity, the same as we observe on blowing into a bottle. Nearer the shoulder there is a gurgling sound, as of air going through a thickish liquid. Yesterday there was amphoric sound here, but it has become filled with liquid since. But why should we find a cavity when percussion gives a flat sound? The amount of solidification and effusion is so great, that it counterbalances the hollow sound that would otherwise reveal the existence of a cavity. We have also pectoriloquy, as observed by auscultation while the patient is counting.

Treatment.—This man is taking a tablespoonful of cod-liver oil three times a day, and a little morphia to subdue irritation. We give him, however, very little medicine, and rely principally on good, nutritious food, plenty of exercise, in the hope of arresting the tendency to tubercularization, or at least to prolong life as much as possible.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SATURDAY, Oct. 30TH.

Service of Dr. Henry H. Smith.

HIP JOINT DISEASE.

After the exhibition of several minor cases, a boy six years of age was brought before the class, laboring under an affection of the right hip. About a year ago he received a slight fall, from the first effects of which he speedily recovered; but a short time after was noticed to limp, in walking: he grew gradually worse, and is now quite lame. The affected side seems longer than the opposite limb, but a closer inspection will show, especially if we take care to obviate any inclination of the pelvis, that this elongation is only apparent. If the femur on the injured side be pushed slightly upwards, or if pressure be made upon the trochanter major, the child complains of pain. On standing him up, and looking at him from behind, an alteration will be observed in the line of the nates on the affected side.

From these symptoms, the opinion was expressed that the case is one of morbus coxae or hip-joint disease. The clear, thin skin, the fine light hair, blue eyes, and general appearance of this boy would indicate that probably the case is one of the tuberculous variety, in which the lesion in the joint is primarily a deposite of tubercles in the cancellated tissue of the bones beneath the articular surfaces, with subsequent softening and consequent inflamed action. This opinion is confirmed by the fact that the boy's grandmother died of consumption. Although his parents are healthy, it is probable, then, that he has inherited the tuberculous diathesis; cases of this sort, in which hereditary diseases overlap one generation, being of frequent occurrence.

The treatment in this case will consist in the use of a carved wooden splint going from the axilla to the ankle, the patient being kept in the recumbent position, and treated with alteratives and chalybeates, with the occasional use of a brisk purgative. Syrup of the iodide of iron will be prescribed in this case.

ANTERO-POSTERIOR CURVATURE OF THE SPINE.

Two cases of antero-posterior curvature of the spine were next exhibited; one in a little girl of four years old. There were two points of curvature in the spine of this child, one slight, in the upper part of the dorsal region, the other more marked, in the lower part of the cervical.

The disease has been progressing about a year. The breast was prominent and the abdomen tumid, with occasional shooting pains in the chest. The child's walk was feeble and unsteady.

The second case presented a curvature in the upper part of the lumbar region. The disease has been noticed for some six months; latterly the abdomen has become prominent, and the walk is affected.

Curvatures, such as those seen in these two cases, must be carefully discriminated from cases of lateral curvature. In lateral curvature where it exists alone, the disorder consists essentially in the fact that the muscles on each side of the spine do not properly counterpoise each other, and one set predominating over the other, produces curvature, there being no disease of the bones.

In the antero-posterior curvature, on the other hand, there is always disease of the bones, in some cases the result of tubercular disease, in other cases due to caries. In con-

sequence of the destructive effect of either of these conditions upon the bodies of the vertebrae, the weight of the head and shoulders, with the attached upper extremities, is sufficient to produce curvature, the degree of which will correspond with the degree of the destruction of the bodies of the bones. If the curvature thus induced is sufficient to encroach upon the cavity of the spinal canal, the functions of the spinal cord will suffer in all parts below the seat of the disease, and lameness, feebleness in walking, with ultimate paralysis, ensue.

Cold abscesses, also, may form, in connexion with the diseased bone, and pointing in the groin or the back, present the conditions described as psoas, or lumbar abscess.

In treating these two children, the use of an apparatus was directed, the object of which was to take the weight of the head and shoulders off the point of disease, thus preventing or retarding the increased curvature. The apparatus was that usually made by Mr. Kolbe, the University cutler, for these cases, consisting of two crutch heads going beneath the arms, supported upon padded uprights of steel, attached to a circular padded steel band, surrounding the hips. By means of this apparatus the weight of the head and shoulders is supported, to a great extent, by the hips, instead of by the diseased spine. No part of the apparatus is allowed to make pressure upon the seat of the curvature. The apparatus for both children will be the same, except that the little girl who has also a curvature in the cervical region will have attached to her a curved piece of steel, going above the head, from which the head can be supported by padded bands.

In addition to these mechanical means, good diet, and the use of the syrup of the iodide of iron was directed.

Although it was not anticipated that the curvature already existing would be removed by these means, yet there was every probability that the further progress of the disorder would be prevented.

AFTER-TREATMENT OF THE OPERATION FOR HARE-LIP.

The little girl upon whom the operation for hare-lip was performed, on the day of the last clinic, was brought forward for the purpose of removing the pins. They had been retained longer in this case than would be proper in younger children. While making the dressing, Dr. Smith made some remarks upon the after-treatment of similar cases, among

which we noted his preference for figure of eight turns in securing the pins, rather than elliptical, and his opinion that the operation ought to be performed as early as possible. The best cure he had ever seen, with less trouble in the treatment, and greater freedom from deformity in the result, than it had ever been his fortune to witness, occurred in the case of a child which he had operated on only twenty-four hours after birth.

JEFFERSON COLLEGE HOSPITAL.

SATURDAY, Oct. 30TH.

Service of Dr. Dickson.

INTERMITTENT COMPLICATED WITH REMITTENT FEVER.

Christopher D. set. 38, presents an interesting complication of remittent and intermittent fever. The patient has had intermittent for 3 or 4 months; had an attack of bilious remittent previously, which lasted for 5 or 6 weeks; and this again had been preceded by eight or nine paroxysms of regular tertian intermittent. His attacks came on during the last spring while he was occupied in the gas works in St. Louis. This point is interesting, because some writers have ascribed a connexion between intermittents and gaseous atmospheres, such as carburetted hydrogen, carbonic acid, etc. Has chills every other day at varying hours, half past eleven o'clock, one or two o'clock, or in the afternoon; and sometimes every day. Has had an interval of two weeks up to Wednesday last, owing to the influence of anti-periodics.

This case illustrates what is frequently met with, a relation between two forms of malarial fever. The symptoms of each, as detailed by the patient, were very well marked. The chill was occasionally protracted, being sometimes two hours in duration; and the sweating often very profuse. There is no enlargement of the spleen, in spite of the frequency of the attacks. The main phenomenon in this case, periodicity, must be combated by anti-periodics; but when there is great irregularity, as there is at times in the patient presented to the class, disturbing influences exist which interfere with the action of the remedy.

Between 9 and 11 o'clock on Sunday, the day he expects a return of the paroxysm, he will take 15 grains of sulphate of quinia; and in the interval of apyrexia he will take three times a day the following prescription:

R. Quiniae sulphat. : gr. 3.
Ferri subcarb. : 3 J. M.

CHRONIC DIARRHOEA WITH TAPE-WORM.

Emanuel L——, aged 40. A case of chronic diarrhoea which had previously been treated (Oct. 23.) At that time he was put upon the following treatment: one grain of opium in pill every night, and three grains of tannic acid every 3 hours. The patient is rather better, the amount of secretion or profluvia being greatly diminished.

About twelve years ago, more than two yards of tape-worm were passed from the rectum. There is still great pain from irritation of the bowels, and the tendency of this tenacious parasite to be reproduced may explain the symptoms complained of. Small pieces occasionally come away, that have the appearance of the old tormentor; but these the patient has not preserved. He is directed to take oleum terebinthinae in wine-glassfull doses every two hours; and if the second dose does not produce a copious discharge from the bowels, a large dose of ol. ricini is to be administered. Intoxication will doubtless ensue from these large doses of turpentine; but it will pass away gradually. The discharges must be carefully watched, and the results of observation will be detailed to the class.

INTERMITTENT NEURALGIA.

Rosanna S., aged 26; was before the class on Saturday last, suffering from intermittent neuralgia. The history then given was as follows: The patient had for six years been troubled with pain over the left supraorbital region, which was only present, however, during nursing. The pain was acute and sickening, and lasted generally for about twenty-four hours. During the paroxysm, there was pneumatosis, the exact connexion between which and the main affection is not easily understood. Almost all cases of visceral neuralgia are accompanied with pneumatosis. In this case, this condition did not occur at the commencement of the paroxysm. The patient has not improved materially since she was previously presented to the class.

This case again illustrates the tendency to periodicity in disease, which constituted an important feature in the treatment. The day of return is generally Saturday, and the paroxysm frequently lasts without intermission until Monday morning. Tincture of opium has often been taken in large doses without effect. The lachrymal gland is also affected by sympathy, and the eyes are suffused. The neuralgia generally disappears altogether after the paroxysm, to return with almost unerring certainty.

Quinia has not been effective in this case, because given in too small a dose. The varying condition of the nerve in supra-orbital neuralgia is not well ascertained. If we can strike out one of the links which form the chain of morbid phenomena, we may frequently destroy the disease. Here, for instance, the important prominent symptom is periodicity, and we aim to break up this tendency, by means of anti-periodics. Increase the dose of quinine sulphate to three grains three times a day, combined with drachm doses of ferri subcarbonas.

WEDNESDAY, Oct. 27th.

Service of Dr. Gross.

DISLOCATION OF THE ULNA AND RADIUS.

Sarah R., aged 25 years, presented herself suffering from a serious injury to the right arm, occasioned by a fall from bed several months ago. The phenomena observed in this case were a large prominence formed by the displacement of the olecranon process of the ulna backwards and upwards; a peculiar cord-like appearance on the posterior portion of the limb, extending from above the elbow to the point of prominence, and caused by the displacement of the tendon of the triceps extensor muscle, (a point of great importance, not sufficiently dwelt upon by writers;) and an unnatural prominence of the head of the radius, which is also displaced.

The cord-like appearance to which reference has been made as a prominent point in this case, is characteristic of dislocation of the ulna against the posterior surface of the humerus. The projection of the olecranon is rendered more visible on flexion. If the diagnosis is satisfactorily established soon after the occurrence of the injury, reduction is easy. The main difficulty in such cases is in regard to the diagnosis, this difficulty being greatly augmented after the lapse of several weeks; and reduction is then, of course, correspondingly difficult, even after the lapse of only two or three weeks. At the next clinic day, an attempt will be made to break up adhesions that have supervened upon inflammation in the neighbourhood of the joint.

SATURDAY, Oct. 30th.

The case was again presented to the class. Several points not commented upon at the last lecture were purposely reserved for consideration until to-day, in order that greater impression might be made upon the class by the pro-

minent points of interest which the case afforded. In addition to the symptoms already detailed, there is shortening of the fore arm to the extent of nearly an inch and a half, and there is a prominence below the elbow-joint, formed by the projection of the condyles of the humerus. The arm can be extended, even to a slight incurvation, but cannot be flexed, on account of the unnatural position of the condyles of the humerus. The limb can be rotated very slightly, but supination is impracticable.

Many of the adhesions formed were broken up, the patient being placed under the anaesthetic influence of chloroform; the same process to be repeated in about a week. Rest of the part is strictly enjoined; cold applications, light diet, and a general antiphlogistic treatment.

SCROFULOUS ABSCESS.

Alice R., three years of age, was brought before the class, with an elastic tumor in the iliac region, projecting upwards towards the inferior ribs. The case had been treated before its admission to the College, as one of ventral hernia, and a truss had been applied. It is seated about the abdominal rings; and, if a hernia at all, could only be ventral. But it has not the characteristics of a ventral hernia. It does not disappear or change its shape when pressure is applied, and its bulk is not affected by the efforts of the child in crying. There is no discoloration of the skin. The mother of the patient does not ascribe any special cause for its first appearance. When the child was fifteen months old, a small tumor was first observed, which has never since been absent, as it might be occasionally, if it were a reducible hernia. The tumor has gradually increased in size from the time of its first appearance. Pain is sometimes experienced in the part, and there is pain occasionally in the foot; the general health is apparently good. There is no pulsation or aneurismal thrill in the tumor.

On introducing an exploring needle, a few drops of pus exuded. As this fact confirmed the diagnosis formed in regard to it, the abscess was then opened. That it was a form of scrofulous abscess, was indicated by the color of the discharge, which was yellowish green, and by the duration of the tumor. A tent of lint was introduced, and the patient put upon a mild antiphlogistic regimen and treatment. If inflammation ensues in the part, the tent must be removed, and an emollient poultice applied.

EPITHELIAL CANCER ON THE HAND.

Dolly W., aged 67. She has suffered for four months from a small, exquisitely tender, movable tumor, about the size of a walnut, upon the dorsal surface of the hand, presenting slight ulceration and yellowish incrustation on its surface on its superior parts. There is intense pain in the tumor part, especially at night and when it is accidentally moved. A bruise of the hand is ascribed by the patient as the exciting cause. None of the family have ever had any form of cancer.

The case is certainly one of a very suspicious character, and microscopical examination will doubtless confirm the diagnosis, that this is an example of malignant disease. If a tumor of similar appearance had presented itself upon the mamma of this patient, a frequent position for it in advanced years of life, the diagnosis would be at once made out. If removed, there may be a recurrence in the same or some other part; and, if practicable, the case will be watched with a view to the possibility of a return of the complaint at some future day. The tumor was removed by an elliptical incision; care being taken to avoid division of the tendons and veins which surround it. The tumor, on being removed and opened, exhibited a hard, vascular, fibrous appearance; but it is not of the class of fibro-plastic tumors. If it were, it might not return; but it manifestly belongs to a class that is called "recurring."

Microscopic examination proved this case to be one of epithelial cancer, and the diagnosis is therefore substantiated.

FIBRO-PLASTIC TUMOR IN THE NECK.

Mary Jane C., aged 17.—Has had for three years a tumor in the submaxillary region, upon the anterior margin of the sterno-cleido-mastoides muscle, apparently dipping down among the important blood vessels and nerves. Care will be necessary to prevent the ingress of air into the jugular vein, should it be necessary to divide this important vessel during the operation. If this tumor were encephaloid in its character, it would be larger, and present discoloration; while there would probably also exist much more constitutional disturbance, the disease running its course rapidly. From the duration of the case, it is diagnosticated to be a non-malignant form of tumor, fibro-plastic in its nature.

On further examination, the jugular vein was found to lie behind the tumor, so that it is not necessary to interfere with it. The pa-

tient was placed under the influence of chloroform, and the tumor removed. It probably extended to within a very short distance of the mucous membrane of the pharynx. Dissection of the mass exhibited its interior, as presenting an appearance greatly resembling an unripe pear or turnip.

Microscopic observation confirmed the diagnosis in this case also.

SATURDAY, Oct. 30th.

SUPERFICIAL ERYSIPelas.

Alfred S., aged 22. Is a dyer by occupation. Since Tuesday last both arms, but especially the right, have been swollen and discolored; the discoloration being diffused over the whole surface and disappearing upon pressure. There is great itching of the skin. An apparently sound state of health existed previous to the occurrence of the affection under consideration. The patient does not know that any dye stuff had been in contact with the surface or any thing of a deleterious character that could have produced it. This is his first attack, and it is impossible to determine what the exciting cause may have been. Articles of diet often predisposed to erysipelatous affections, but in this case no such mode of origin can be assigned. There has been no external injury whatever.

The treatment must be based upon general constitutional principles; and as the exciting cause is involved in obscurity, the first law in regard to the treatment of inflammation, namely,—the removal of the cause, cannot here be carried out. Purgation and external applications form the great elements in the treatment. The following prescriptions are given for this case.

R. Pil. hydrarg.
Ext. citoeynth.
Jalap. pulv., $\frac{ss}{ss}$ gr. v.
Ipecac. pulv., gr. $\frac{1}{2}$.
To be taken every fourth night.

R. Magnes. sulph., 3j.
Ant. et pot. tart. gr. $\frac{1}{2}$.
Tinet. opii.
" aconit. $\frac{ss}{ss}$ gtt. ij.—M.
To be taken every four hours.

The local application to be made as follows:

R. Plumb. acet., f $\frac{1}{2}$ j.
Opii " f $\frac{1}{2}$ j.—M.
For half a gallon of water.

This must be applied at first by means of a towel wrapped around the arm, and the succeeding applications, to be made by a sponge soaked in the liquid, and squeezed upon the

towel without the removal of the latter from its place, thus preventing any exposure of the affected part to the atmosphere.

STRICTURE OF THE OESOPHAGUS.

Patrick M., aged 18, presents himself suffering from dysphagia. The history of the case is thus given: About a year ago in taking beef soup, a piece of bread or bone, it was supposed, had lodged in the oesophagus. The usual symptoms of choking supervened at the time, and up to the present day, he has been unable to swallow coarse food. The difficulty has lasted without intermission, but thin fluids pass without any great inconvenience. The diagnosis is, some obstruction in the oesophagus either from the lodgement of a foreign substance or from the results of such an accident in the form of a stricture.

The patient being placed under the influence of ether, which is a safer anaesthetic in operations about the mouth, the probang was introduced. If the obstruction were due to the presence of a foreign body, it would be necessary to use an instrument to detach and remove it. Examination proved the existence of a very large stricture of the oesophagus, which will not admit of the passage of the instrument. The case will again be brought forward, and smaller instruments used to dilate it.

TERTIARY SYPHILIS.

Two cases of tertiary syphilis were exhibited; one of them, a child about six years of age, who had received it as an inheritance, the other in an adult.

In the former case, there was an ulcer over the anterior surface of the tibia, which presented a remarkably good specimen of healthy cicatrization, a film forming over its surface, beginning at the circumference and gradually extending towards the centre. A large amount of plastic deposit was scraped away at a previous clinic; but while the healing process was going on, small ulcers, of a serious character, spreading, and with everted edges, appeared on the skin in the vicinity. The treatment adopted was as follows:

R. Potass. Iodid, gr. viij.
Hydrarg. chlorid. corrosiv., gr. ½ M.

This dose to be repeated three times daily. Under this treatment the ulcers have steadily improved in appearance.

There is no doubt whatever that this is a

case of inherited syphilis, tertiary in its nature. The treatment is continued.

The other case presented an ulcer about an inch and a half in diameter upon the arm; the discharge from which is foul and sanguous. The arm has been much enlarged by interstitial deposit; a poultice was applied and the constitutional treatment was adopted, which had been of such marked benefit in the case previously narrated. The ulcerated surface now presents a healthy appearance, skin forming upon it. The diagnosis of this case is made out with certainty. We have no hesitation in deciding that the patient is labouring under tertiary syphilis. Ulcers of the upper extremity are very frequently to be ascribed to constitutional causes,—and this applies especially to the case before us,—when they are accompanied by ulcers on other parts of the body, sore throat, pains in the bones, &c.

The treatment must be continued, and chronic ptyalism aimed at.

SCROFULOUS SWELLING OF THE SACRUM.

Jane D., aged three years, has a scrofulous tumefaction over the region of the sacrum, and also a swelling of the ankle-joint, which is probably of a strumous character. There is an opening on the left nates, communicating with the spinous process of the ischium, from which a sanguous discharge proceeds. The actual cautery, by means of iron at a white-heat, was applied, and the ulcer formed by the separation of the eschar, will be kept open as a source of counter-irritation by means of irritating ointments, for three or four months. The patient must be strictly in a horizontal position, and not rise even to evacuate the bowels or bladder. With due attention to the state of the digestive organs, the patient will be put under the tonic and alterative effects of the liquor ferri iodidi, in doses of gtt. viij., three times a day.

PHILADELPHIA COLLEGE HOSPITAL.

WEDNESDAY, Oct. 20.

Service of Dr. Halsey.

DOUBLE CATARACT.

A colored woman, aged 35. Has been blind two years in the left eye, and six months in the right. Her father and mother have both been blind from the same cause. The appearance of the pupils is gray, showing that the cataracts are soft. The patient suffers no pain whatever, either in the eye, brow or head.

Light is plainly distinguishable, particularly in a dark and cloudy day. This is a very favorable case for an operation, and there is every reason to suppose, judging of the present condition of the patient's health, that it will prove successful. The operation of breaking up the lens with a fine cataract needle was the one performed, as being the most appropriate to the case. Absorption of the lens will now take place, on account of its being exposed to the action of the aqueous humor. Dr. H. desired the patient to have both eyes operated upon at once; but as she was unwilling to have more than one done at a time, the left eye was selected for the operation. The patient was then confined to a dark room, and put upon a low diet. The continued application of cold water to the eye operated on, was enjoined upon the patient, for the purpose of keeping down the inflammation.

PITYRIASIS.

A boy, aged eight years, has had a scaly affection of the head, face and neck three years.

The affection consists of loose, bran-like scales, which are rapidly secreted by the epidermis, and then thrown off. These are again replaced by others that as rapidly desquamate, giving to the parts the appearance of having been sprinkled with corn meal. The uniform manner in which the disease is spread over the affected parts, and the absence of any redness underneath the scales, distinguish it easily from psoriasis. The want of the peculiar form, and of the indentation of the isolated scale of lepra, shows at once it is not the latter, while the firm, small epidermal scales of pityriasis readily distinguish it from the thick, rough, hard and dry squamous skin which belongs to ichthyosis. In treating this case, first, a mild laxative and alterative should be given, to clear out the bowels, and to put the digestive organs in proper condition.

R. Pulv. rhei, gr. iiij.
" ipomea, gr. ss.

Take every morning.

Then the liquor potassae arsenitis should be given in doses of about three drops, three times a day. In the treatment of all squamous affections, arsenic you will generally find to be the most efficient of all other remedies.

SYPHILITIC IRRITIS.

A young woman, aged 22, has had inflammation of the right eye six weeks. She has

felt for some time back, in the tibia and in her brow, severe pain at times, which is much increased in the evening. Admits she had a sore upon one of the labia several months ago. The right eye has a very dull appearance, as the conjunctiva is congested and the iris has lost its bright color, (which is blue in the left,) and has a dull grayish-brown color, which has been caused by the effusion of lymph, a consequence of the inflammation. As the disease has all the marked symptoms of this form of secondary syphilis, it is an unquestionable case of syphilitic iritis. A purge should be given at first, of calomel, grs. vi.; rhubarb, grs. viii.; also a pill of blue mass, grs. iii., and opium, gr. ss., three times a day. The patient should be kept upon a low diet, and should avoid every thing which might tend to irritate the eye.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION.

SEPTEMBER 24, 1858.

Dr. W. Maybury, President.

The subjects for discussion being *Veratrum Viride* and the *Hypophosphites*, Dr. W. B. ATKINSON opened the debate by reading a paper on the veratrum viride, of which we give the following abstract:

Veratrum viride had been employed in all parts of our country, by various physicians, as an arterial sedative. From many papers on this subject, which he had examined, Dr. A. had formed the opinion that this article was a powerful agent in the reduction of inflammatory action. It was employed in the form of the tincture, extract, and powdered root. The tincture has lately been brought into particular notice by Dr. Norwood, of S. C. It had been employed by many, in the treatment of pneumonia, pleurisy, acute rheumatism, typhoid fever, and dysmenorrhœa, with results which, in some cases, seemed wonderful. It reduced the pulse, in a very short time, to the normal standard, increased expectoration, restored the functions of the liver and kidneys, and by some was even supposed to act on the uterus, so as to cause abortion; but this, no doubt, could be more correctly referred to its use in too large a dose, causing emesis, and consequently irritation of the whole system. The usual dose, as a sedative, was from three to six drops every three or four hours; its effect being carefully watched.

Dr. OSLER had employed it in several in-

stances. One case was that of a young lady, aged 16, laboring under typhoid fever. Three doses, of five drops each, produced violent vomiting and purging; the case, however, was soon improved. In other cases, he was much pleased with its effects. He used Tilden's tincture.

Dr. BOURNONVILLE would caution the members in its use, as, in consequence of the existence of three preparations, differing in strength, the dose of one might be too large for another, and might produce ill results; and also from some portions of the paper read by Dr. A. he would infer that, in the correct dose, it might produce very unpleasant symptoms.

Dr. OSLER considered these fears unfounded, as we have several other articles which require care in their employment. He had used it also in an obstinate attack of colic, of long continuance, and complete relief followed the first dose.

Dr. MAYBURY had never employed the veratrum viride, but would take occasion to remark upon the other subject for this evening. The *hypophosphites*, which he had used in phthisis with apparently variable effect, but having had recourse to other articles at the same time, he could not positively say how much of the beneficial effects should be ascribed to either. His experience with these remedies was not sufficient to warrant conclusions; but he believed that in some cases they were highly beneficial, though he did not consider them specifics. He thought Churchill over estimated their value, and that his conclusions, as detailed in his treatise on the subject, would hardly be borne out by future observations. Dr. M. had also used the *phosphates* almost from the time of their introduction to the notice of the profession in this city, and in some instances with undoubted good effect. He mentioned, in particular, the case of a lady from the country, who had applied to him, after having in vain been under the care of several physicians, and had consequently tried a large number of tonics, and other medicines, in almost every possible form of combination. When she placed herself under his care, she was completely prostrated, without energy, and much depressed in spirits; she suffered from indigestion, could not tolerate anything on her stomach, had spinal irritation, accompanied with various neuralgic symptoms. Here, he used the comp. syrup of the phosphates, and the result seemed almost miraculous. In less than two months she went home well, and continues well at the present time. He ought to

mention, however, that she had also *retroversion uteri*, which was corrected, and remained so without an instrument. Much of her suffering was owing, no doubt, to the displacement, and here, also, due allowance must be made in estimating the value of the remedy in question, for the effect on the general system produced by the replacing of the uterus, as well as for the effect of an ointment of *veratrum*, which was diligently applied by frictions twice a day, over the spine. The syrup was the first and *only* article given internally, and it agreed well with her from the beginning, although every other tonic had disagreed. He ascribed no other properties to it than *tonic*. He likes Blair's Syrup of the Phosphates; but as the mode of its preparation is kept a secret, he doubted whether it was strictly in accordance with sound ethics for physicians to prescribe it. He has lately been using the syrup according to Proctor's formula, as published in the Journal of Pharmacy.

Adjourned.

Reviews and Book Notices.

Inaugural Lecture to the Course on the Practice of Medicine, in the Jefferson Medical College of Philadelphia, delivered Oct. 12th, 1858, by Prof. SAMUEL HENRY DICKSON, M. D., LL. D.; preceded by preliminary remarks to an Introductory Lecture to the Course on the Institutes of Medicine, delivered Oct. 11th, 1858, by Prof. RONALY DUNGLISON, M. D., LL. D. Published by the Class. Philadelphia: JOSEPH M. WILSON, 111 South Tenth Street.

Dr. Dickson's Lecture, together with the portion of Dr. Dunglison's published in the pamphlet before us, is principally devoted to a notice of the late Prof. J. K. Mitchell, M. D. Having already published a somewhat extended notice of Dr. Mitchell, we need do no more than call the attention of those of our readers who may be desirous of obtaining a full account of the life and labors of this distinguished man, to the work named above. It may be obtained by addressing Mr. Wilson, the publisher, or through this office.

□ A notice of Dr. Tyler Smith's Lectures on Obstetrics, and other book notices, are in type, and will appear next week.

Editorial.

HOSPITAL INSTRUCTION IN PHILADELPHIA.

In our first and second numbers, we had a few remarks in regard to hospital instruction in this city, and the duty of Philadelphia to cherish her schools of medicine, with an intimation that we should return to the subject. What would Philadelphia be as a centre of medical instruction, if she had no hospitals? Suppose her clinical advantages to be taken away, how long would it be before her medical halls would be entirely deserted, and other cities reap the harvest of gold that is now flowing into her coffers, from this important source of her wealth? It is this, rather than the superior abilities of their teachers, that gives such prominence to London, and especially to Paris, as centres of medical instruction. It is their varied and free system of hospital instruction that invites students from all parts of the world, and gives character and standing to the student or graduate who has availed himself of the opportunities they offer. And that city of the western world which shall be the first to emulate their example, throw open her hospitals freely to the student, and add variety, and give character to this species of instruction, will bear away the golden fleece, and place herself in the front rank in respect to medical instruction.

That noble charity, the Pennsylvania Hospital, has been the source of great wealth to Philadelphia, and it is a shame that the student of a profession that has served her without fee or reward for more than a century, should be compelled to draw on his scanty funds for the privilege of occupying a precarious sitting in her diminutive amphitheatre for the space of four hours a week. And it is a greater shame that of all the hospitals in this city,—with, perhaps, the exception of one—this is the only one disconnected from the schools, that has any permanent provision for clinical instruction. We repeat, what we said in a former number—the doors of every medi-

cal institution in the city, large or small, ought to be thrown *wide open* to our schools, that they may make use of every facility that this large city offers to attract the medical student here, and *keep* him here until his education is complete. If this were the case, the schools could so arrange their classes as to scatter them among the different institutions, thus showing them a greater variety of diseases, and giving them a better opportunity of following up the cases presented before them. They should have the opportunity of following up diseases in classes; the wards of the hospital for diseases of the Eye, the Children's hospital, the Women's hospital, an Orthopaedic hospital, etc., etc., should vie with each other in offering free attractions to the votaries of medical science.

If we mistake not, our neighbor, New York, is seeking to take advantage of our narrow policy in regard to hospital instruction, by throwing open the doors of her public institutions to the medical student. We were quite amused the other day to see how a resident physician in one of our hospitals was nonplussed, when a student who had apparently spent a winter in New York, asked him if word would be sent to the colleges as to the time when an important operation, which, it had been intimated it was likely would have to be performed that afternoon, would take place.

In this connexion we are glad to announce that the Board of Guardians of the Poor have at last consented—though we fear, at a very late hour for any practical good to come of it this year—to re-open the extensive wards of the Philadelphia Hospital, Blockley, to clinical instruction. We trust that we shall not again have occasion to announce that the doors of this extensive charity are closed to the schools.

Another good effect that would result from the free access of the student to the wards of our hospitals, would be to put a stop to the strife that now exists between the schools, to procure cases to present before their classes; a strife that too often invades the domain of the private practitioner, doing him injustice, and dragging the banner of medicine in the dust,

at the hands of its professed champions and defenders.

We close these remarks by appending the following well-timed article from the pen of a valued correspondent.

THE PHILADELPHIA HOSPITAL, BLOCKLEY.

It is intimated that those who have the management of the Blockley Hospital, have under consideration the re-opening of that institution for clinical instruction.

Allow me through the *REPORTER* to bespeak for the Board of Guardians in this project, the hearty co-operation of the medical profession, and the sympathy of the intelligent community who comprehend the value of such means of practically teaching that science which has for its noble object the relief of human suffering.

The opportunities afforded by that hospital would be appreciated by medical students, and a class as large as is desirable would eagerly seek to view the protean forms of disease presented in its extensive wards.

There is no valid reason why these opportunities should not at once be granted, and be conducted in the same proper manner in which clinical instruction is given in every other large hospital in this country. The clinical advantages in this city are greater than those of any other American city, but are yet far from commensurate with the enormous and increasing patronage which our colleges receive. There are here now, it is believed, a greater number of medical students than are in any other three cities together in this country. Viewing this only in a financial aspect to our city, it is a consideration well worthy the fostering care of our municipal boards.

Our colleges by their eminent position, have been able to command to their service as teachers, some of the greatest talent of this country; and that Philadelphia shall continue to be the great centre for the dissemination of medical knowledge, it is essential that the important element in medical education of *clinical instruction* shall not be neglected.

The existing regulations of the Philadelphia Hospital, provide for the appointment of boards of consulting physicians and surgeons, and these would be efficient as clinical teachers.

In the original construction of the building, provision was properly made for the clinics, by a well arranged amphitheatre, and as long as

the institution was well governed, the clinics continued successfully. Since that time the baneful effect of ever-changing partisan rule has been the neglect of everything that could not be prostituted to political objects.

The present Board of Guardians contains gentlemen of intelligence, who, it is hoped, will give their energies to the permanent establishment of the clinics. L.

CLINICAL REPORTS.

These constitute a very important feature in our work, and we intend that they shall give the profession a correct idea of hospital practice in this city. Some of our readers may regard a portion of these reports as common-place, but it must be remembered that our work is patronised largely—firstly, by country practitioners, who are always glad to learn how the various forms of disease are treated by men whose opinions they have been accustomed to regard as almost oracular, and by medical students, who like to possess a permanent record of cases that they have seen treated.

As this kind of material accumulates we shall select the most instructive cases for publication, rejecting those that are negative in their results, or of minor importance. We solicit from all our public institutions reports of important cases, illustrating new, or establishing old principles of treatment.

Periscope.

MENTAGRA, OR SYCOSIS.

Dr. R. E. Haughton, of Richmond, Ind., in a communication to the *Cincinnati Lancet and Observer*, expresses the opinion, that the true cause of Barber's Itch "is found in close and repeated shaving." The skin being very tender, an irritation and inflammation of the hair follicle is produced. Several barbers have told Dr. H. that they can produce this affection, in any person whose skin is very sensitive, by a few close shavings. No poison is communicated, it is only an irritation produced by the dragging of the razor. During the treatment, the razor must be laid aside, and *epilation* will often effect a cure, even in very bad cases. If a local remedy is necessary, we

may apply the bichloride of mercury in glycerine, the white precipitate ointment, or the iodine ointment when much induration presents.

CHLORATE OF SODA AS A SUBSTITUTE FOR CHLORATE OF POTASSA.

The Amer. Journ. of Pharmacy, from the *Revue Médicale*, gives a communication, favoring the substitution of this salt of soda for that of potassa.

"M. Gueneau de Mussy, being struck with the little solubility of chlorate of potassa, substituted the chlorate of soda for it, as the latter salt is much more soluble than the former. The taste of the chlorate of soda is, moreover, less disagreeable than that of the other salt, and can be given in a smaller quantity of vehicle. Mr. G. has given it in several cases of diphtherite with success."

NITRIC ACID IN TYPHOID FEVER.

The *N. A. Med. Chir. Review* says: "Dr. Noble, at a meeting of the 'De Witt County Med. Soc.', stated, in a discussion on the treatment of typhoid fever, that he had saved the life of a patient, who previously had exhibited no alarming symptom, when sinking under passive hemorrhage of the bowels in this fever, by large doses of dilute nitric acid, and found, in different cases of this passive intestinal hemorrhage, the very best results follow the combination of turpentine with nitric acid. Dr. Edmiston united strychnia to the nitric acid in the following proportions:—

R. Strychnia, gr. i.
Nitric acid, f₃i.
Tr. opii, f₃i.
Aqua, f₃i. M.

Dose not stated."

NITRATE OF SILVER.

The Amer. Journ. of Pharmacy, from the *Reptertoire de Pharmacie et Echo Méd.*, gives the following process of M. Henry Schoerer, for making nitrate of silver from coin:

"The alloy is dissolved in nitric acid; the bluish colored liquid is treated carefully until it ceases to give off nitrous fumes, and is mixed with black oxide of copper, the result of the decomposition of the nitrate of copper. This is then filtered out, and the pure solution of nitrate of silver evaporated and crystallized."

Medical News.

MARRIAGES.

DIMICK—BENNETT—In Newtown, Pa., Oct. 21st, D. Dimick, M. D., of Burns, Allegheny Co., N. Y., to Miss Mattie A. Bennett, of the former place.

FLEMMING—SMITH—On the 19th ult., in Baltimore, Md., by Rev. Cyrus Dickson, D. D., Dr. J. Perkins Flemming, formerly of Chester Co., Pa., to Miss Lizzie R., daughter of the late Col. Alexander Smith, all of Baltimore.

MORGAN—LINN—In New London, Conn., Oct. 20th, by the Rev. Dr. Hallam, the Rev. John Blair Linn, of Wisconsin, to Mary, daughter of Dr. James Morgan, of the former place.

SUMNER—NEWCOMB—In Hartford, Conn., October 20th, by Bishop Brownell, Mary S., youngest daughter of the late Dr. Geo. Sumner, and J. Warren Newcomb, Jr. (A great-grand-son of Gen. Joseph Warren, and a great-grand-daughter of Gen. Israel Putnam!)

WILSON—LINDSEY—At Stillwater, N. Y., Oct. 26th, by Rev. R. H. Robinson, M. W. Wilson, M. D., of Saratoga Springs, to Miss Sarah E. Lindsey, of the former place.

WOODNUTT—GARRETSON—On the 4th inst., by Rev. W. H. Furness, D. D., Dr. Chas. Woodnutt, to Miss Mary L., daughter of Mr. J. M. Garretson, all of this city.

DEATHS.

BONSALL—At Chester, Pa., on the morning of the 7th inst., Dr. J. K. Bonsall.

DORSEY—At Hagerstown, Md., on the 24th ult., Frederick Dorsey, Sr., M. D., in the 83d year of his age. Dr. Dorsey was the oldest practising physician in the State, and one of the oldest in the country, and was known in various sections of the Union for his professional eminence and ability.

HUNTINGTON—At Poughkeepsie, on the 6th inst., Dr. Geo. W. Huntington, formerly of Norwich, Conn., in his 34th year.

MCNEILL—In this city, on the morning of the 7th inst., Bernard McNeill, M. D., in the 73d year of his age.

PENNINGTON—In Newark, N. J., Oct. 29th, Sarah Caroline, eldest daughter of Samuel H. Pennington, M. D., of that city.

**THE
MEDICAL AND SURGICAL REPORTER.**

WHOLE SERIES,) PHILADELPHIA, NOVEMBER 19, 1858. { NEW SERIES,
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Original Communications.

A Case of Cancer of the Pancreas and Stomach.

BY W. S. FORWOOD, M. D.,
Of Darlington, Maryland.

An article on *Cancer of the Pancreas*, by Dr. Demme, which was published in the fifth number of the weekly *Med. and Surg. Reporter*, reminds me of a case similar, though not identical, that came under my observation, and which I have hitherto neglected to report. The difference between these cases is that the one was *medullary* cancer, and the other *scirrhous*.

In September, 1856, I was called (for the first time,) to visit professionally, T. E. S., a man living between seven and eight miles from this place. The patient was about 59 years of age. He was not confined to bed at the time of my visit; nor was he suffering severe pain. He was quite an intelligent man, and therefore was enabled to give very minute and interesting details of his complaint; which, although worthy of noting, would be altogether too long for an insertion in a Journal of this size.

He had been suffering for more than *twenty years*, not usually so intensely, however, as to prevent him from attending to his ordinary business; but he was subject to spells more or less violent, which would last a week or more. He had consulted, at various times, as many as fifteen or twenty physicians, upon the nature and treatment of his disease; but not one gave a correct diagnosis.

When I first saw him, his countenance presented a peculiar cachetic appearance, of a

more jaundiced hue than the ordinary cancerous cachexia, which materially obscured the nature of the affection, in my judgment. His tongue was heavily coated with a *buff-colored* fur, which covering, he informed me, had been existing for many years. He did not complain of sharp pain, but of a dull aching and general uneasiness. His stomach, back, and bowels were the parts he referred to as chiefly affected. The majority of the physicians who had examined his case, considered it as being a chronic inflammation of the stomach, attended with disease of the liver.

For the last few years, the patient's appetite had been generally poor, and digestion feeble in proportion. He suffered very much from an almost constant formation of gas in his stomach, which was frequently ejected in paroxysms with considerable noise. His bowels were commonly constipated, but at rare intervals, spells of diarrhoea would supervene. His pulse was wiry and quick, but of about the normal frequency; he was weak and debilitated. I examined his case very carefully; not with the expectation of curing him, for he had suffered so long that I considered he was incurable; but to ascertain, if possible, what was the precise character of his complaint. After the fullest investigation, however, I was foiled in my efforts to determine this point. My opinion was, that the stomach was the principal organ involved; and supposed it to be a chronic inflammation, with perhaps thickening of the coats and ulceration. The idea of cancer of the stomach occurred, but as he rarely ever vomited, and as his complexion was darker than usual in such cases, this idea was re-

symptoms appeared to call for; and after three or four weeks' attendance, his *usual* health was re-established; after which I left him, and did not see him again until the following April, (1857,) when I was again sent for. He had passed the winter without more than his ordinary suffering. A short time before my visit, he had been from home, visiting some friends several miles distant, and had indulged in eating more than was his habit. When I saw him on this occasion a great change was perceptible in his condition: he was suffering more, and was more reduced in strength. The remedies used in my former treatment seemed now to do him no good. For two weeks he continued in about the same state; after which he grew worse daily until his death, which took place in the latter part of May. The only position that he could assume to give him ease was to rest upon his knees and elbows; which position he was of course unable to maintain continuously for any length of time.

As he became more emaciated, a hard pulsating* tumor, of considerable size, could be distinctly felt in what I supposed to be the stomach. Dr. Sappington was now called to see the case in consultation with me. He had seen the patient frequently before, during his many years of complaining, and had labored under the same embarrassment in diagnosis as myself and others. We agreed that it was a disease of the stomach, but as to its exact character we were unable to decide; but it was evident to us, that the patient could not last much longer. The tumor was *not* very painful to the touch: the patient suffered continually, but not *severely*. Palliative remedies were all that we now attempted to use. About two weeks before his death he began to vomit occasionally, after eating. The idea of cancer of the stomach was now fixed upon my mind. He soon began to vomit every time he ate or drank, but it was not until a day or two before his death that he vomited the *coffee-grounds*

fluid, which is characteristic of cancer of the stomach.

I was particularly anxious, in common with the community, in which he, with his long sufferings, was extensively known, to make a post-mortem examination of this case. The family favored my request; and about twelve hours after death, assisted by Dr. Silas Scarboro, we proceeded to examine the body.

Upon laying open the abdomen, the omentum was found to be highly congested; the stomach occupying a lower place than usual, and the pancreas, much enlarged, rising immediately above, and crowding it (the stomach,) out of its natural position. Now the mystery was solved. When the tumor was cut into, it proved to be very firm and resisting, yielding a peculiar crying sound under the knife. It contained no fluid or medullary matter. The tumor was intimately united with the stomach, about midway between the cardiac and pyloric orifices. The part of the stomach that was connected with the diseased growth, which was about three or four inches square, was thickened to the extent of three-fourths of an inch, and indurated like the pancreas. The internal surface of the diseased part of the stomach was covered with minute perforations, as if pricked by pins. This part of the stomach presented a deep pink color, while the other portions were quite pallid.

Over the perforated structure there was a thick coating of fur, much in appearance like that upon the tongue. Neither of the orifices of the stomach were involved in the disease. The organ was but little below its normal size; its posterior part, however, which was attached to the pancreas, was somewhat contracted.

About two-thirds of the pancreas was in a diseased condition; the principal tumor was about the size of a man's fist. Traces of the disease, in tumors from the size of an almond down to a pea, were found scattered through the mesentery. The heart, lungs, liver, etc., were all carefully examined, and found in a healthy state. During the life of the patient, in his latter days, he had frequently drawn my

* Afterwards found to pulsate from its connection with the aorta.

attention to a spot, about the size of the end of the finger, on the anterior third of the sixth or seventh rib, on the left side, which gave him exquisite pain to the touch. In the post-mortem examination, we discovered that the rib at this point was entirely severed with *caries*. The patient could not remember that he had ever received any injury on the part, and had never experienced any pain there until a short time previous to his death. Was this caries of a cancerous character? I am unable to explain it otherwise.

This morbid growth of the pancreas and stomach has not been submitted to microscopic examination, but Dr. Scarboro and myself were perfectly agreed, from the well-marked appearances, in denominating the disease as the scirrhouss variety of cancer. I have both of the organs carefully preserved in spirits.

Now the question will no doubt arise in some minds, after perusing the foregoing history, whether the disease originated in the stomach and extended to the pancreas, or was developed in the pancreas, and secondarily involved the stomach. I have adopted the latter opinion. For many years after the patient was afflicted with the disease, his digestion was but little impaired while in the use of ordinary diet; he scarcely ever vomited, and suffered but very little acute pain, such as usually attends carcinoma of the stomach; his pain, from which he was never entirely free, was of a dull, aching kind,—a constant *soreness*, or *weakness* across the stomach. The symptoms, such as pain, anorexia, vomiting, etc., which were developed in the last few months of the patient's life, were essentially those of cancer of the stomach; and as these had not existed to any extent in the years previous, we are led to the conclusion that this deadly disease first involved the pancreas, and then extended its ravages to the stomach; which, when fully established in this latter organ, terminated the patient's life by continual pain, conjoined with inanition.

This disease is interesting in two points of view: firstly, from its extreme rarity, (there

being, according to Dr. Da Costa's tables of pancreatic cancer, only thirty-seven authentic cases on record;) and secondly, (which is consequent upon the first,) from its great obscurity during the victim's life.

It is a satisfaction to the physician to know the real character of the disease he is contending with, independent of the consideration of the treatment; and for this reason we should cultivate a knowledge of this affection; but, "after all," says the learned Dr. Wood, referring to this disease in his *Practice*, "an accurate diagnosis is of no great importance, as it cannot lead to efficient treatment."

Two Anomalous cases of Chills and Fever, and one of Rheumatism.

BY EDWARD H. SHOLL, M. D.,
Of Warsaw, Alabama.

I was summoned to a negro girl, *et. 18*, who had fallen down senseless while washing. Learning that she had eaten some peaches, I gave some soda bicarb., which produced free emesis and copious perspiration, which relieved her entirely. I was summoned next day, at the same hour, and found her with the left eyeball drawn to the inner canthus, the mouth drawn completely to the left side, and downward; the left forearm tightly flexed on the arm, the left leg also flexed on the thigh. Around the elbow and knee joints, three inches each way, the skin was icy cold to the touch, while the hand and foot were pungently hot; the arm and leg were in constant rotatory motion. A teaspoonful of chloroform and quarter of a grain of morphia soon calmed her: copious perspiration and relief of these distressing symptoms followed. Fever then rose. The right half of the body was normal in condition, till the fever rose. The stomach being irritable, sufficient quinine could not be given to entirely prevent the recurrence of these symptoms, which ensued, though in a much milder form, the next day. She had a speedy recovery.

2d Case.—I was called, at 9, A. M., to see a girl, *et. 18*, a frequent subject of epileptic

fits, who was suffering intensely from colicky symptoms. She had eaten nothing for breakfast, and but a light supper the night before. Nothing given would relieve the great distress till at 4 o'clock, P. M., a tablespoonful of ipecac. produced free emesis, followed by perspiration and relief. At the same hour the next day, the same symptoms presented themselves, preceded this time, as I was told by the mother, by chilly sensations. No relief was produced by any means till the treatment of the preceding day was adopted. There was no fever during the first attack, and but little during the second.

Quinine, administered freely during the night, prevented any further attack.

3d Case.—Rheumatism.—I have on hand a case of interest, viz.: rheumatism in an adult male, aged forty-six. He was relieved by appropriate treatment, but severe inflammation of the neck of the bladder supervened, and on the succeeding morning, on visiting him, I found that during the night he had become intensely jaundiced. The excruciating pain had nearly subsided; the jaundice also was slowly disappearing. Three gallons of bilious matter were ejected from the stomach during twelve hours yesterday. The treatment has been soda, gum arabic, water, buttermilk, nitro-muriatic acid externally, and cold water injections. His failing strength is being supported by milk punch, and though he is greatly prostrated, I hope for his ultimate recovery.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Saturday, Nov. 6th.

Service of Dr. Wood.

In order to give the class an opportunity to see the results of treatment, Dr. Wood exhibited, at first, a number of cases which had been presented previously.

OXALURIA.

(See Report of Nov. 8d, p. 113.)

Case 1. A boy with oxaluria and œdema of

the extremities; the œdema is much diminished, he is redder, and evidently less anaemic. The urine is not much changed yet.

Case 2. The man with phosphatic deposits and oxaluria, who has been taking nitro-muriatic acid. He is now improving, and the urine has less deposit.

ANÆMIA.

Young girl, anaemic, has had amenorrhœa. In anaemic cases, we generally have a murmur at the heart, but in this case, it has disappeared. Another test in anaemia, is the venous murmur; a murmur in the jugular vein from want of the proper proportion of red corpuscles, fibrine, and albumen. By applying the stethoscope over the jugular vein, causing her to turn her head to one side, by which we have slight pressure made upon the vein, diminishing its capacity, this murmur may be distinctly heard. But when the blood is rich and thick, it is not heard, or but slightly, as thick blood is not so readily thrown into vibration. Thus Dr. Wood had noticed in the thick, turbid waters of the Missouri river, that the waves made by the passing boat were slower in rising and falling than in waters which were clearer, and consequently thinner. The patient is taking iron, in the form of the carbonate, combined with aloes, to produce a slight effect upon her menstrual flow.

ENTERIC, OR TYPHOID FEVER.

Case 1. A man who came into the house with a hurried respiration, and feeble pulse, furred tongue, and cough; he presented evidence of an affection, like pneumonia. There was no rust-colored sputum, which is peculiar to pneumonia. To relieve the congested state of his lungs, cups were at once applied. On the right side, from top to bottom of the chest, sibilant râles were heard both in the expiration and inspiration; but there was no dullness. These signs were indicative of bronchitis. On the left side, there was a crepitant râle extending over a space of about two or three inches, but not all over that side. This is the first sign of pneumonia, a symptom of congestion of the lung, yet the tubes were still perfectly permeable.

This was not an ordinary case of pneumonia, or we should have had consolidation. It was bronchitis with approaching pneumonia, which has been arrested by the cupping. It is common to find this state of affairs in enteric fe-

ver, and hence a suspicion arose, which was confirmed, by finding, on an examination of the abdomen, little red spots. It is, therefore, a case of enteric fever, upon which has supervened this bronchitis. At present, the tongue is cleaning off; the abdomen is slightly tympanitic, and we find a number of these little red spots, which disappear under pressure, but immediately return when it is removed. The treatment is simple.

Dr. Wood's custom in this second stage of enteric fever, is to give

R. Maes. hydrarg., gr. j.
Pulv. ipecac.
Opii. an. gr. ½. ny.

every two hours, till the mouth is affected slightly, and then lengthen the interval to four hours, but doubling the opium and ipecacuanha. His mouth is affected, and the symptoms ameliorated, and he will now take the opium and ipecac., in doses of a third of a grain every four hours. Keep him on milk and farinaceous diet. The pectoral affection is much diminished, if not completely gone. We may infer from the mildness of this case, that there is very little affection of the glands of Peyer.

Case 2. A man, who has just been brought into the hospital. We noticed a marked sub-sultus of the lower jaw. He lies in a stupor, his skin is pale, and cold and clammy; the pulse frequent, the tongue dry. By speaking loudly, we can arrest his attention, and he will obey our wishes. He has been sick twelve days, but as patients are generally sick some days before they cannot go about, we may consider that he is in the third week. His abdomen is tympanitic, and we notice the red spots; he has diarrhoea, and his stools are dark-green; he has also had epistaxis.

This is obviously enteric fever, and is going into the third stage. We will give him

R. Ol. terebinth. gtt. x.

every two hours, and blister the back of his neck. He will require to be supported, and will take wine whey, and a milk and farinaceous diet. Oat meal is not so good when the bowels are loose.

SCROFULA.

A man with apparently scrofulous abscesses in the axilla. We will give him cod-liver oil and good diet; if he was anaemic, we would add iron. Dr. Wood has less confidence in iodide of potassium than in cod-liver oil. The object, in scrofulous cases, is to improve the character of the blood, and nutrition, and pre-

vent a deposition of the peculiar matter of scrofula.

EPILEPSY.

A seaman, who has been for three months subject to epileptic attacks, occurring once a week. He had, for some time prior to these attacks, profuse epistaxis, which has been checked. Our indication is to obviate the congestion of the head; nature did so, by these attacks of bleeding from the nose; hence, we shall apply cups to the temples, occasionally, and also render the cerebral centres less sensible to the irritant impression, by means of certain medicaments. Some cause produces one or more of these attacks, and then they go on from the force of habit. The metallic tonics will be given, as the valerianate of zinc; the bowels kept open gently, by a mild cathartic, so as not to weaken him, and he will be allowed good diet.

These cases are extremely difficult to cure.

ANÆMIA CAUSED BY INTERMITTENT FEVER.

A man, who entered the house with an intermittent, occurring every third day, which has been arrested by 16 grains of quinine taken in one day. Besides this, he had oedema of the extremities, and some irregular action of the heart. These arose from one of two causes, the condition of the blood from the fever, or the state of the heart. The blood is now richer from the good diet which he has been using, and he has less oedema, and his heart less irregularity of action. Miasmatic fever operates by destroying the red corpuscles of the blood; and hence the yellow appearance from that and kindred diseases.

Service of Dr. Norris.

GUN-SHOT WOUNDS.

(See Report of Oct. 30, p. 112.)

The man with a gun-shot wound of the arm, previously presented, was shown. There had been a great deal of violent inflammation, which was now considerably diminished. A counter-opening had been made, and the pus flowed out freely. His general symptoms are good, but we must watch him closely till the sloughs are separated, and employ anodynes when necessary. There is much danger of his losing his life, from secondary hemorrhage, and he may lose his arm yet, as it will be necessary to amputate if hemorrhage should recur; in that

fits, who was suffering intensely from colicky symptoms. She had eaten nothing for breakfast, and but a light supper the night before. Nothing given would relieve the great distress till at 4 o'clock, P. M., a tablespoonful of ipecac. produced free emesis, followed by perspiration and relief. At the same hour the next day, the same symptoms presented themselves, preceded this time, as I was told by the mother, by chilly sensations. No relief was produced by any means till the treatment of the preceding day was adopted. There was no fever during the first attack, and but little during the second.

Quinine, administered freely during the night, prevented any further attack.

3d Case.—Rheumatism.—I have on hand a case of interest, viz.: rheumatism in an adult male, aged forty-six. He was relieved by appropriate treatment, but severe inflammation of the neck of the bladder supervened, and on the succeeding morning, on visiting him, I found that during the night he had become intensely jaundiced. The excruciating pain had nearly subsided; the jaundice also was slowly disappearing. Three gallons of bilious matter were ejected from the stomach during twelve hours yesterday. The treatment has been soda, gum arabic, water, buttermilk, nitro-muriatic acid externally, and cold water injections. His failing strength is being supported by milk punch, and though he is greatly prostrated, I hope for his ultimate recovery.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Saturday, Nov. 6th.

Service of Dr. Wood.

In order to give the class an opportunity to see the results of treatment, Dr. Wood exhibited, at first, a number of cases which had been presented previously.

OXALURIA.

(See Report of Nov. 3d, p. 113.)

Case 1. A boy with oxaluria and œdema of

the extremities; the œdema is much diminished, he is redder, and evidently less anaemic. The urine is not much changed yet.

Case 2. The man with phosphatic deposits and oxaluria, who has been taking nitro-muriatic acid. He is now improving, and the urine has less deposit.

ANÆMIA.

Young girl, anaemic, has had amenorrhœa. In anaemic cases, we generally have a murmur at the heart, but in this case, it has disappeared. Another test in anaemia, is the venous murmur; a murmur in the jugular vein from want of the proper proportion of red corpuscles, fibrine, and albumen. By applying the stethoscope over the jugular vein, causing her to turn her head to one side, by which we have slight pressure made upon the vein, diminishing its capacity, this murmur may be distinctly heard. But when the blood is rich and thick, it is not heard, or but slightly, as thick blood is not so readily thrown into vibration. Thus Dr. Wood had noticed in the thick, turbid waters of the Missouri river, that the waves made by the passing boat were slower in rising and falling than in waters which were clearer, and consequently thinner. The patient is taking iron, in the form of the carbonate, combined with aloes, to produce a slight effect upon her menstrual flow.

ENTERIC, OR TYPHOID FEVER.

Case 1. A man who came into the house with a hurried respiration, and feeble pulse, furred tongue, and cough; he presented evidence of an affection, like pneumonia. There was no rust-colored sputum, which is peculiar to pneumonia. To relieve the congested state of his lungs, cups were at once applied. On the right side, from top to bottom of the chest, sibilant râles were heard both in the expiration and inspiration; but there was no dullness. These signs were indicative of bronchitis. On the left side, there was a crepitant râle extending over a space of about two or three inches, but not all over that side. This is the first sign of pneumonia, a symptom of congestion of the lung, yet the tubes were still perfectly permeable.

This was not an ordinary case of pneumonia, or we should have had consolidation. It was bronchitis with approaching pneumonia, which has been arrested by the cupping. It is common to find this state of affairs in enteric fe-

ver, and hence a suspicion arose, which was confirmed, by finding, on an examination of the abdomen, little red spots. It is, therefore, a case of enteric fever, upon which has supervened this bronchitis. At present, the tongue is cleaning off; the abdomen is slightly tympanitic, and we find a number of these little red spots, which disappear under pressure, but immediately return when it is removed. The treatment is simple.

Dr. Wood's custom in this second stage of enteric fever, is to give

R. Mass. hydrarg., gr. j.

Pulv. ipecac.

Opii. $\frac{ii}{ii}$. gr. $\frac{f}{t}$. $\frac{v}{v}$.

every two hours, till the mouth is affected slightly, and then lengthen the interval to four hours, but doubling the opium and ipecacuanha. His mouth is affected, and the symptoms ameliorated, and he will now take the opium and ipecac., in doses of a third of a grain every four hours. Keep him on milk and farinaceous diet. The pectoral affection is much diminished, if not completely gone. We may infer from the mildness of this case, that there is very little affection of the glands of Peyer.

Case 2. A man, who has just been brought into the hospital. We noticed a marked subsultus of the lower jaw. He lies in a stupor, his skin is pale, and cold and clammy; the pulse frequent, the tongue dry. By speaking loudly, we can arrest his attention, and he will obey our wishes. He has been sick twelve days, but as patients are generally sick some days before they cannot go about, we may consider that he is in the third week. His abdomen is tympanitic, and we notice the red spots; he has diarrhoea, and his stools are dark-green; he has also had epistaxis.

This is obviously enteric fever, and is going into the third stage. We will give him

R. Ol. terebinth. gtt. x.

every two hours, and blister the back of his neck. He will require to be supported, and will take wine whey, and a milk and farinaceous diet. Oat meal is not so good when the bowels are loose.

SCROFULA.

A man with apparently scrofulous abscesses in the axilla. We will give him cod-liver oil and good diet; if he was anaemic, we would add iron. Dr. Wood has less confidence in iodide of potassium than in cod-liver oil. The object, in scrofulous cases, is to improve the character of the blood, and nutrition, and pre-

vent a deposition of the peculiar matter of scrofula.

EPILEPSY.

A seaman, who has been for three months subject to epileptic attacks, occurring once a week. He had, for some time prior to these attacks, profuse epistaxis, which has been checked. Our indication is to obviate the congestion of the head; nature did so, by these attacks of bleeding from the nose; hence, we shall apply cups to the temples, occasionally, and also render the cerebral centres less sensible to the irritant impression, by means of certain medicaments. Some cause produces one or more of these attacks, and then they go on from the force of habit. The metallic tonics will be given, as the valerianate of zinc; the bowels kept open gently, by a mild cathartic, so as not to weaken him, and he will be allowed good diet.

These cases are extremely difficult to cure.

ANÆMIA CAUSED BY INTERMITTENT FEVER.

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Service of Dr. Norris.

GUN-SHOT WOUNDS.

(See Report of Oct. 30, p. 112.)

The man with a gun-shot wound of the arm, previously presented, was shown. There had been a great deal of violent inflammation, which was now considerably diminished. A counter-opening had been made, and the pus flowed out freely. His general symptoms are good, but we must watch him closely till the sloughs are separated, and employ anodynes when necessary. There is much danger of his losing his life, from secondary hemorrhage, and he may lose his arm yet, as it will be necessary to amputate if hemorrhage should recur; in that

case, the chances of his ultimate recovery would be still less.

BURN BY NITRIC ACID.

(See Report of Oct. 27th, p. 98.)

The man who was burned by nitric acid, was shown with his sore sloughing. Inflammation has much abated. Continue the poultices.

SEVERE BURN.

(See Report of Oct. 30th, p. 112.)

The man with severe burns on his buttocks, etc., had the sloughs separating. It will be necessary to support him carefully, as, in consequence of his former habits, delirium tremens and sinking are very liable to ensue. Stimulate, therefore. He is also liable to be seized with internal inflammations, as of the lungs, etc., and would soon sink, if such a complication should supervene.

PATHOLOGICAL SPECIMEN.

Dr. Norris exhibited a specimen from a man who had been killed by his head being jammed between the cars and a post. There was found to exist a fissure at the base of the skull, extending from one temporal bone to the other. There was much bleeding from the ears when the accident occurred, and this is a diagnostic sign.

Such cases might live two weeks, but generally die in a day or two. They would ultimately die from the effects of suppuration at the base of the brain.

It was found that his kidney on one side was much larger than usual, while the other was merely rudimentary.

FRACTURE OF ELBOW.

(See Report of Oct. 27th, p. 97.)

The man with his arm fractured by a fall from the cathedral, was shown. The effects of the shock have gone off, and his arm is suppurating freely; the inflammation is much diminished. He is supported by quinine and porter. It would be better, on account of the irritation from the arm, to amputate, but he is not in a state for it, and it will be removed when he has gained more strength.

WEDNESDAY, NOV. 10TH.

Service of Dr. Wood.

ENTERIC FEVER.

(See Report of Nov. 6th, p. 129.)

Two cases presented—one is convalescent, nearly well. The other, a young man who was before the class last Saturday. You remember his condition then, and that he was put upon the use of oil of turpentine, soup and wine whey. Yesterday his comatose symptoms had not subsided, but some other symptoms had moderated, though his urine and faeces were still passed involuntarily, and he could not protrude his tongue. He ordered his head to be shaved, and a blister applied. This should not be put off too long when such symptoms persist. His tongue, which he can readily protrude this morning, is moist, the good effect of the oil of turpentine he has been taking. For a stimulant, he is taking a tablespoonful of brandy and two of milk, every two hours, also a few drops of laudanum occasionally, to check the diarrhoea. Patients in this condition must not be neglected. They must be stimulated. Give brandy, and give brandy enough. He knew a delicate girl in this house with typhoid fever, who took half a wine-glassful of brandy every hour for some hours. Notice the three prominent remedies in this disease:—In the first stage, diaphoretics; in the second, mercury, with opium and ipecac.; and in the third stage, oil of turpentine.

ANEURISM.

A man æt. about 60, pale, anxious expression of countenance. Was in last year with a murmur under the right clavicle, produced by disease of the artery—the supposition was, by an aneurismal tumour. He was anaemic, and iron was given with digitalis, the former to improve the quality of the blood, and the latter to control the action of the heart. He improved as to general symptoms, but the principal difficulty still remained when my term of service expired. And now he has returned with the same symptoms in an aggravated form. We will make a physical exploration. The right side you perceive is more prominent than the left, the interclavicular spaces being filled up as if the lungs were crowded up. Percussion gives a clear sound on the left; but it grows gradually flatter toward the right side, where we find it very flat below, a little less so in the sub-clavicular region, and clear at the side, under the arm pit. On applying the ear to

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the chest, we find all over the right lung a rough murmur, which he can explain only by supposing that there is a large aneurismal sac here, which has extended considerably since the patient was in the house before, and crowds the lung. Believes the aorta is enlarged at its origin also, and that the heart too, is enlarged. This affection renders the patient anaemic and dropsical. There is apparent effusion into the right pleura, none in the left. Believes there is also effusion into the pericardium, and into the abdomen. The indications are to keep the blood in as good a state as we can, and control the action of the heart. Good nutriment, iron, digitalis, cream of tartar and juniper-berry tea should also be given as diuretics, and quiet be enjoined. This case he presumes will inevitably prove fatal, and the aneurismal tumor is liable to burst at any moment—but it *may* go on for some time yet, and the patient die of another disease. He can almost venture to say that the aorta will be found enlarged from its origin, and that there are atheromatous deposits on the internal surface, in the neighborhood of the aortic valves, interfering with their action. You may always suspect aneurism when you find a patient in the condition of the man just before you.

The patients with oxaluria, (see Report of Nov. 6th, p. 128) were presented, and are both improving.

Service of Dr. Norris.

AMPUTATION OF ARM.

The hour was mostly taken up in amputating the arm of the man who fell from the Cathedral some two weeks since and fractured his arm, involving the elbow joint. (See Report of Oct. 30th, p. 112.) Dr. Norris was assisted by Dr. Neill, one of the surgeons of the Hospital.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, NOV. 3D.

Service of Dr. Henry H. Smith.

LUMBAR ABSCESS.

A middle-aged woman was brought before the class, presenting a large, circumscribed, smooth tumor, about the size of the head of a child six years old, on the left side of the lumbar vertebrae. This tumor made its appearance about five months ago, and has gradually attained its present size. The skin covering it was of the natural hue, and the tumor being painless and easily yielding to pres-

sure might perhaps be mistaken for a lipoma. When, however, the spinal column was carefully examined a well marked antero-posterior curvature, in the lower part of the dorsal region was observed. The patient stated that this had first been noticed about four months ago, or shortly after the tumor began to appear. Previously, she had suffered much uneasiness, with occasional pain in this part of her spinal column, and though ameliorated latterly these symptoms had not yet entirely disappeared.

When it was remembered that antero-posterior curvature of the spine necessarily indicates disease of the bodies of the implicated vertebrae, the suspicion would at once be created that such a tumor as this, was in fact, caused by an accumulation of pus. Careful examination was therefore instituted, and the sense of fluctuation having been desirably recognised, the opinion was expressed, that the case was one of lumbar abscess.

It is not considered desirable to evacuate this abscess, and the patient will return to her place of residence where she will be treated by her family physician.

DISCOLORATION OF THE CONJUNCTIVA FROM THE ABUSE OF NITRATE OF SILVER.

A middle-aged man who had suffered sometime previously from an attack of conjunctivitis for which he had been treated elsewhere. The collyria employed contained a large proportion of nitrate of silver, and had been continued for a long time. The tawny, or brownish green discolouration of the conjunctiva observable, was the result. The case was presented to warn the class against an abuse of nitrate of silver in the treatment of affections of the eyes.

REDUCTION OF A LUXATION OF BOTH BONES OF THE FOREARM BACKWARDS.

A lad about 15 years old had fallen from a tree he was climbing, and luxated both bones of his left forearm backward. This occurred fully two weeks ago, and when presented for the first time for examination a few hours before the clinic, the swelling had so far diminished as to permit the nature of the injury to be recognised even upon superficial observation.

The lad was fully etherized and the luxation readily reduced. Dr. Smith commented especially upon the great advantage of the complete muscular relaxation induced by full etherization in these cases.

The arm was then surrounded by the turns

of a roller loosely applied and a well padded angular splint applied to the *front* of the limb to keep it at rest.

EXTIRPATION OF A NÆVUS OF THE CHEEK.

By Dr. Agnew.

The little patient next presented had been already exhibited to the class. (See Report of the clinic of Oct. 23d, in this Journal.) He was now brought forward for the purpose of extirpating the growth. This was done by Dr. Agnew who made two elliptical incisions including the tumor, which was then dissected out. A single trunk, the nutritious artery of the growth, was ligated, and the edges of the wound were brought together with hare-lip pins. The hemorrhage was trifling.

SATURDAY, NOV. 6TH.

VARICOCELE—LIGATION OF THE VEINS.

Dr. D. H. Agnew at the request of Dr. Smith, presented a young man, 21 years of age, laboring under a well-marked varicocele of a few months' duration. The disease was situated on the left side, the right being healthy.

Hernia is the principal condition with which varicocele might be confounded; but two symptoms enable us always to distinguish positively between these affections. In hernia, if reducible, when the tumor is returned to the abdomen, a finger placed on the external abdominal ring will prevent the reappearance of the swelling, even when the patient resumes the upright posture. Whereas in varicocele, although manipulation may cause the disappearance of the tumor by emptying the veins, yet, after the ring is closed by the finger, the tumor returns, and all the more rapidly, on account of the pressure on the venous trunks of the cord. In varicocele, moreover, if the surgeon handles the swelling he will readily recognise the swollen and contorted veins which communicate to the touch the sensation of a bundle of worms.

The disease recognised, if it be not well marked, may be treated palliatively, by means of a suspensory bandage with the use of cold applications, if any heat and redness be present in the parts. But if the case be severe, and the patient suffers much pain, as often happens, it is best to resort to some operation for the radical cure. Of the various plans proposed, all have for their object the obliteration of the distended veins. This may be accomplished by caustic, by pressure, or by ligature.

Of these the ligature is generally preferable, and would be employed in this case. Several forms of ligature have been used. It was not necessary to go into a detailed account of these; that which would be employed here would be applied as follows:—

The distended veins were to be separated by manipulation from the vas deferens, which would readily be recognised by its wire-like hardness. Having pushed this back, a needle armed with a double ligature was to be passed *behind* the veins and brought out so as to leave the *loop* on the side from which the needle was passed. It was then to be returned through the same orifice, passed in *front* of the veins, and brought out at the point of starting where it was to be passed through the loop. Traction made on the free extremities would then, of course, firmly constrict the veins, and the ligature having been drawn with sufficient firmness, would be secured by tying its ends around a small roll of adhesive plaster.

Compression of the skin would thus be avoided. The ligature was accordingly applied as stated, and we learn the patient is since doing well.

Besides this patient, a case of *congenital cataract of both eyes*, and a case of *gangrene of the forefinger*, the result of a severe contusion, were exhibited; and the child from whom the nœvus was removed last day was brought forward to show the after treatment. The child is doing well. Our space does not permit us to enter into the details of these and the other cases presented on this occasion.

PHILADELPHIA COLLEGE HOSPITAL.

Service of Dr. Halsey.
WEDNESDAY, Nov. 3.

AMAUROSIS.

A colored man, aged 60; has been blind two years; can give no cause for his misfortune; has always done general labor; his health has always been very good, except that for several months he was troubled with a pain in the head. He is now totally blind, and is unable to distinguish light at all. The patient came here first about six months ago, and although a most unfavorable prognosis was given him, at his urgent request to have something done that might possibly afford him a slight relief, or give him some hope, he was put under treatment.

This consisted of the internal administration of the bichloride of mercury, 1-12th of a

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grain three times a day, and the introduction of a seton in the back of the neck. After taking the medicine and following directions for six weeks, he says he thinks he is no better, except that his head feels better, the headache having left him.

This is nothing more than we predicted, and expected. When amaurosis has existed so long as this has done, and sight has been totally or mostly lost, your prognosis should be unfavorable, although we have had patients here who were nearly blind with amaurosis, and in whom the disease was of much longer standing, and yet have made an excellent recovery under treatment similar to that of this patient. It is sometimes the case that you will meet with persons who are partially blind with amaurosis, whose pupils, instead of being clear and perfectly black, as in the healthy eye, you will observe to have a dark-greenish appearance, which resembles somewhat a hard cataract.

As such cases are liable to be taken for cataract, it is very important to be able to distinguish one from the other, and as amaurosis is a disease of the retina, and cataract an opacity of the lens, the catoptric test will afford the ready and unequivocal means of diagnosis. For the surgeon accustomed to treat diseases of the eye, even this method of diagnosis will be seldom necessary, as he will readily distinguish the deep-seated discoloration of the pupil, in these forms of amaurosis, from the more shallow opacity of the crystalline lens.

FIBROUS TUMORS OF THE SKIN.

A colored man was brought before the class, who had upon each cheek, just anterior to the angle of the lower jaw, a small hard and oval tumor, one the size of a fibert, the other that of a large pea. They were perfectly movable, and seemed to be imbedded in the dermoid tissue. The patient noticed them first more than two years ago. They never have been painful, or caused any inconvenience except from their bulk, which interferes with his tonsorial operations. Dr. Halsey first pierced one with a tenaculum, in order to obtain a good hold upon it, and then made a semilunar incision upon each side of it. A few strokes of the scalpel freed it from its seat. The other was treated in like manner. The lips of the wound were then adjusted, and united by sutures, and water dressing applied.

Upon laying open one of the tumors, it pre-

sented a firm, hard, white and fibrous appearance, the character of the tumor being that of the fibro-cellular of Paget.

JEFFERSON COLLEGE HOSPITAL.

WEDNESDAY, Nov. 3D.

Service of Dr. Dickson.

Ascites.—John M., aged 43 years, presents great abdominal tumefaction, having, at a glance, the appearance of dropsical effusion. Previously to the last two months, he had occasional swelling of the stomach, which, according to his account, lasted but two or three hours, and then disappeared without resort to medication. Since that time, however, the abdomen has gradually become enlarged, and the tumefaction persistent. During the last ten days, his lower extremities have become oedematous. He is pale, debilitated, and has evidently lost flesh greatly. About twelve months ago, he received a bayonet wound, which does not seem, from the present appearance of the cicatrix, to have penetrated beyond the skin. The swelling of the abdomen came on after the receipt of this injury, but there is no means of knowing whether they occupied the relation of cause and effect. If the wound had been deep, the supervention of peritonitis, and the effusion of serum when it assumed the chronic form, might explain the phenomena.

The patient suffered from great nausea and thirst, and, according to his own probably exaggerated account, has forty evacuations from the bowels daily. The tongue presents a deep red appearance; the urine is also highly colored, and although not in greater quantity than in the normal state, the desire for micturition is frequent and urgent. He has had pain in the left side for two or three days, but it has disappeared. There is induration and enlargement of the liver distinguishable below the tense abdominal walls. Respiration, when the patient is in a recumbent posture, is painful and labored.

The sensation of fluctuation is distinctly conveyed to the finger, when palpation and percussion are practised over the abdomen. This case is without doubt one of Ascites, and has progressed beyond hope of relief from medical assistance. It is now a surgical case, and Paracentesis is probably the only means of relief. There is probably some extensive visceral disorder which gives rise to the dropsical effusion. Without inquiring minutely what this may be, the case will be transferred to the surgical clinic. For the present no system of

medication is recommended; nutritive fluid aliment, such as milk, strong soup, &c., should be given the patient.

Service of Dr. Gross.
HOUSEMAID'S KNEE.

Mary Anne F., aged about 28 years, presented herself to the class with a movable tumor seated directly over the patella, not extending, however, into the knee-joint. There is no discoloration of the surface except from a previous application of *tinctura iodinii*, under the use of which, applied twice a day, the tumor has been very perceptibly diminished in size. The iodine application is not a means of radical cure, but a palliative only. There has been no external injury; it is the result of a spontaneous inflammation. The synovial fluid will be found to be much thicker than natural, in consequence of interstitial deposits, and the membrane more vascular. The case is an illustration of what is familiarly called "Housemaid's Knee," which is an inflammation of a bursa over the patella, attended with effusion.

A radical cure may be effected in various ways. It may sometimes be necessary to make an incision, and introduce a tent to prevent union from taking place. The injection of iodine, the seton, &c., have all been employed for the same end. If the seton be had recourse to, it should be retained for three or four days or more, according to circumstances. Another method is to make an incision and introduce a bougie, which should be left in the part for two or three days. The treatment, in other words, is very similar to that for hydrocele; the indications being, in both cases, much the same. The present case is treated by the introduction of a seton; cold applications being made to the part, and, after 24 or 36 hours, the foreign substance must be removed.

DOUBLE HYDROCELE.

Frederick K., 49 years of age, had a swelling about six inches long, on the left side of the scrotum, of seven years' duration, and a similar tumefaction of the right side, of four weeks' duration. According to his own account, he has never had hernia, nor any syphilitic disease. The tumor on the left side is very sensitive; both fluctuate. There is a solid mass at the lower part of the scrotum, which is probably the testicle. This is not its usual position; it is generally to be found at

the junction of the inferior third, with the two upper thirds of the scrotum. There is no discoloration of the integuments, and no enlargement of the veins. This fact, and the long-continuance of the tumor on the left side, distinguish the case from encephaloid disease or syphilitic sacrocele. The swelling on that side is pyriform, as is generally the case in hydrocele.

The mass had never been reducible, and cannot be made to disappear when taxis is practised. Therefore, if it be a hernia, it cannot be a reducible form. But the spermatic cord can be distinguished high up, near the external ring, without any enlargement, and there is no gurgling. The differential diagnosis of these affections must be clearly made out before the tumor is surgically interfered with. The presence of two tumors prevents us from employing one means of examination that might otherwise enlighten us, viz.: the translucency of hydrocele, when a lighted candle is held on one side of the scrotum.

In the uncertainty of diagnosis, an exploring needle was introduced at a comparatively soft part of the tumor, in its lower part, but sufficiently remote from the testicle to avoid injury to it. The needle entered a cavity, and a drop of fluid exuded. The case is not a fibrous or cancerous tumor, but a simple accumulation of serum in the tunica vaginalis testis,—a hydrocele.

In addition to this condition, there may be inflammation of the testicle, but it is impossible to say how extensively it may have involved that organ. Pressure upon the testicle often affects it, sometimes diminishing its size; the spermatic cord remaining sound. The affection of the tunica vaginalis may arise from external injury, from enlargement of the testicle, &c., but very often from no assignable cause. If left untouched, hydroceles may become enormously developed. Gibbon, the historian, suffered from the inconvenience of a hydrocele which contained a gallon and a half of fluid. Hydrocele on both sides does not occur in this country. Hydroceles are very frequently met with at birth.

Besides the mere drawing off of the water, a seton may be introduced, whose presence will excite inflammation, and thus produce obliteration of the cavity, by the effusion of plastic matter. Care is always required to avoid injury to the testicle, a wound of which might give rise to violent inflammation. The liquid of hydrocele is coagulable on exposure to heat or nitric acid.

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The patient must be put to bed immediately after the operation, half a grain of morphia be given him, and when inflammation supervenes—as it must necessarily do—in order to ensure a successful result, cold water dressings be applied; the patient put on light diet, &c.

HYPERTROPHY OF THE SUBCUTANEOUS AREOLAR TISSUE.

Benjamin J., 17 years of age, had considerable enlargement of the foot and leg extending almost up to the knee. There is great induration and firmness, but the skin is not tuberculated. There is an opening at the heel, which exhibits the fact that there has been caries of the os calcis. There is no pain in the limb now, but the first appearance of the disease was attended with great pain. The affection had lasted for several years, and the tumefaction is not more than one-third or one-half its former size. The induration is on the anterior and lateral portion of the limb. There is a striking resemblance in the appearance of the limb to that of elephantiasis. This case, however, is mainly a hypertrophy of the subcutaneous areolar tissue, with a partial degeneration into fibrous tissue, the skin being but little involved.

The history of the case is probably this:—at first, inflammation, which has been succeeded by a deposit of plastic matter. This failing to be taken up by the vessels, has become organized into a kind of fibrous tissue. The appearance of the external integuments in these fibroid degenerations, is different from that presented in elephantiasis; in the latter affection it is roughened and tuberculated, the skin being quite as much involved as the subcutaneous cellular tissue.

The treatment adopted in this case is as follows:—perfect rest, elevation of the limb; the external application of tincture of iodine; (tincture, of iodine one part; alcohol, four parts;) twice a day, over the whole limb, as far up as the knee, and after each such application, a firm bandage. These measures must be persevered in for ten or twelve days. The use of the hot douche immediately followed by the cold, must then be commenced. Careful attention must also be paid to diet, &c.

Internally, he will be placed under the sorbefacient influence of iodide of potassium, the general plan of treatment being to act upon the morbid condition, locally and constitutionally.

R. Potass. iodidi, gr. viii.

Hydrarg. chlorid. corrosiv. gr. 1-12 M.
This dose to be repeated three times daily.

Every third night, purgation by a combination of compound extract of colocynth, jalap and mercury.

VARICOSE VEINS.

Barton M., aged twenty-three years, has varicose enlargement of the veins just above the ankle. The case was treated by the application of Vienna paste, for the sake of forming issues over the part affected. This operation is not wholly devoid of danger; phlebitis sometimes supervening, which has occasionally resulted in the death of the patient. The object of the treatment is the coagulation of the blood in the interior of the vessels, and obliteration of the vessels in this way.

Inflammation must be looked for, and treated by antiphlogistic means. The Vienna paste, which is a compound of caustic potassa and quicklime, was allowed to remain over the vessel for fifteen minutes, and then removed.

RESULT OF A CASE OF LITHOTOMY.

The results of two cases were exhibited to the class; one in the child operated on October 20th, for stone in the bladder. The operation has been perfectly successful; the wound has united throughout, and the patient has not had any bad symptoms following the operation. With the exception of a little morphia on the day of the operation, it has not been necessary to give him any medicine since that time. The urine came *per vias naturales*, on the day after lithotomy was performed.

RESULT OF OPERATION FOR CARIES.

The result of the operation for caries (see Report of October 27th,) was also shown. Granulation is progressing remarkably well, and the cold water dressings are now to be replaced by an emollient poultice renewed two or three times a day, to promote suppuration. With careful attention to the patient's diet and secretions, he may be discharged in a few days.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION.

DR. MAYBURY IN THE CHAIR.

Oct. 8th. Subject for discussion, *Placenta Praevia.*

As the member who had been requested to prepare some opening remarks was absent, DR.

ATKINSON alluded to the debate on this subject, which had recently taken place at the Philadelphia County Medical Society, remarking that the tampon and separation of the placenta artificially, seemed to be much in favor with the gentlemen who participated in that discussion.

DR. HARLOW related a case to which he had recently been called in consultation. The woman had flooded all night, and appeared almost *in articulo mortis*, or, at least, was fast approaching that condition. He thought, under the circumstances, that *turning* would have resulted in her death, in consequence of the large quantity of blood already lost. The os uteri was still very rigid, and dilated only to the size of a silver dollar. No time was to be lost; he introduced his hand into the vagina, and with his fingers passed within the os, completely and forcibly detached the placenta, and withdrew it, according to the plan recommended by Dr. Simpson, of Edinburgh. The cord was cut, and the delivery left to nature. From the moment of this artificial separation, the hemorrhage ceased, scarcely an ounce more of blood was lost; the pains went on well, and in an hour and a half the child was delivered dead, but the woman was saved. This was a complete presentation of the placenta. In case the hemorrhage was not immediately alarming, and the os not dilated, he would use the tampon, which arrests the bleeding, and provokes the uterus to action by its presence.

DR. CURTIS had never seen a case, but having examined many authors, he had formed an opinion concerning the tampon, similar to that already expressed by Dr. H. Prof. C. D. Meigs seldom uses it; he dilates the os as soon as possible, and performs the operation of turning. Dr. C. had some consultation with an old practitioner, who had four cases, in all of which he saved both mother and child. This gentleman used force to dilate, and then delivered the child by turning. Dr. C. thought that, in the early stage, the tampon could always be employed with great benefit.

DR. BOURNONVILLE remarked that we have various forms of placental presentation. He considered that in the commencement, when the os was rigid, the tampon should be our resource; it might be made of sponges, linen, or a silk handkerchief. At the end of six or eight hours, the pains being strong, we might remove the tampon, and if the os was dilated, or dilatable, we could turn and deliver.

DR. SHAPLEIGH had a case which he supposed to be *placenta prævia*, and sent for aid;

however, before it arrived, the head came down, and all went on well. He would ask, if we might not have the head pushing the placenta aside in coming down?

DR. FORT also had a case, in which he thought he could distinguish the placenta in front. Yet the head came down, and both it and the placenta came away together; consequently, he was unable to complete the diagnosis. He would like to know if the members present were decided as to delivering the placenta, or turning?

DR. HARLOW considered it best, where the flooding had been great, to detach the placenta entirely; it would not do to turn, as death would, in all probability, be the result of that operation, while the artificial separation of the placenta would be our only hope of saving the mother, though the child must necessarily be sacrificed.

DR. JOS. R. BRYAN said that everything was called *placenta prævia*, though only the edge came to the os. He had two such cases, and saw nothing in them specially alarming. Both were terminated favorably by nature, and the placenta showed on its surface, where it had been detached. We cannot go into the sick room, and find a rule of practice; circumstances will vary. The tampon was certainly much to be relied upon, and would give us time for further consideration. The labor would proceed slowly till a certain stage, and then we could pass the hand in on the side least attached, and turn.

DR. HARLOW, in reply to a suggestion, that it did not appear reasonable, that if a *partial* separation of the placenta was attended with profuse hemorrhage, the *total* detachment would arrest it, said this point is a paradox to all at the first thought, and had deterred many from adopting it. Dr. Simpson was a great observer of nature, and he noticed that in almost all cases, where nature effected the delivery, the mother was safe; taking his idea from this, he detached the placenta himself. He had reported numerous cases treated in this manner, as also had Dr. Trask, in his paper on *placenta prævia*, presented a few years ago to the American Medical Association. The cases, almost without exception, proved the fact, that complete artificial detachment would put a stop to the bleeding. Dr. S. explains it on the principle that the hemorrhage is from the placenta itself, rather than the uterus. Dr. Harlow had studied the subject somewhat, and thought the placenta, when partially detached, acted as a splint, keeping open the blood-vessels of the uterus, at the point of separation,

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and when detached completely, allows them to close up. However we may explain it, it is an undoubted fact that the plan is eminently successful, and hence he had adopted it, under the circumstances previously stated.

DR. GEBHARD remarked that he had practised medicine 45 years, and attended some 3,000 labors, yet had never seen a case.

DR. LAMB was much pleased with the discussion. In the course of his practice he had encountered several cases. Soon after reading Dr. Simpson's reports, one had occurred. In this case, the flooding did not come on till the patient was in labor: the placenta was partially in the way, but the flooding was frightful. The presenting part appeared to be loose, and he had no hesitation in detaching it completely, and in less than an hour a living child was born. The flooding did not cease immediately after the detachment of the placenta, but moderated, and the patient was safe. The child came before the placenta. In the next, there was also a partial detachment, and tremendous flooding some ten days prior to the coming on of labor; but when parturition commenced, the discharge was moderate, and the tampon not needed; the pains being active, the descent of the head seemed to arrest the hemorrhage, in conjunction with a partial detachment of the placenta by the passage of one finger up as far as could be reached. This child lived, and the placenta came after it.

In the third, slight hemorrhage occurred some two months before the full time, but was checked by the patient being placed in the recumbent position. It recurred however, and the tampon was employed; a fortnight after this, the discharge became more profuse, the os uteri being not only undilated but undilatable, remaining very high, in a very narrow pelvis; the tampon was again introduced, a consultation with two other physicians having been held, yet nothing availed, and she finally died undelivered, at about the eighth month of her pregnancy.

The fourth case had flooding three months before the end of the term, for which the tampon was used. The discharge recurred profusely in ten days, and the tampon was again employed. When labor came on, the pains being active, the tampon was removed, the placenta detached and delivered, and after it came the child, dead. The mother recovered.

In the fifth case, hemorrhage occurred two weeks prior to the termination of the pregnancy. About twelve hours prior to labor, the discharge being very profuse, the tampon was

used, notwithstanding which, she appeared alarmingly weak, and it was determined in consultation, the os being dilatable, to detach one edge of the placenta, introduce the hand, turn and deliver, which resulted without delay, in the delivery of a dead child, the mother only surviving about two hours. In this case, the placenta was detached and removed shortly after the delivery of the child. The small amount of experience which he has had, leads him to decide in favor of detaching the placenta. At an early stage, the tampon is useful, but if the os was dilated, or dilatable, we should detach, if possible. This procedure appears also, to produce action of the uterus, and increase the pains. In most cases, if we can detach the placenta, and push it out of the way, the head coming down arrests the hemorrhage.

DR. BRYAN also thought he had noticed the head push the placenta aside. With regard to the tampon, of all the articles used, he preferred a well worn silk handkerchief, or a piece of muslin. The latter should be in strips of the width of three fingers: of this, we can put in enough to plug the vagina, till it is impossible for the blood to ooze out. He used it, and having maintained it by a T bandage he could leave the patient in perfect confidence.

DR. MAYBURY had never seen any cases, and from the experience as detailed here and elsewhere he was led to conclude that this accident was much less frequently met with in this city than he formerly was taught to believe. He thought many cases of accidental hemorrhage, as from mis carriage, or premature labor, were confounded with Placenta Prævia. Although practically he had no experience on this subject, he had no doubt in regard to the treatment that he should pursue. In the complete form, if the os uteri was fully dilated, the pains regular, strong and efficient, and the presentation and everything else so far as could be ascertained favorable, he might adopt Prof. Simpson's plan—detach the placenta, and, if necessary bring it away at once, and expedite delivery. Penetration of the placenta as recommended by some, he did not think expedient. He had a horror of turning, and would not resort to it unless absolutely necessary. He considered Dr. Harlow's explanations of the mode in which the hemorrhage was arrested by the entire detachment of the placenta, reasonable. In the incomplete form it had been recommended to press the placenta against the internal surface of the uterus, and keep it there,

until the head engaged. This he thought would be safe practice. In either variety and under all circumstances, if called sufficiently early, if he felt satisfied of his diagnosis, and there was danger to be apprehended from the excessive and continued loss of blood, he would at once resort to the tampon. This, to be of avail, must, however, be employed in the early stage—before the patient is exhausted from profuse hemorrhage. Then, if the natural powers of the mother prove insufficient to effect delivery, its employment will enable the practitioner to determine upon the best and most efficient mode of interference. He was partial to long strips as mentioned by Dr. Bryan, and he thought this form of tampon peculiarly adapted to cases of placenta *prævia*, as it may be gradually removed as the head descends.

In the treatment of accidental hemorrhage he had considerable experience, and very often found it necessary to resort to the tampon. He believed he had saved many a patient from impending death, and preserved many a fetus, by means of it. Had used cotton, and likes it much; pieces of sponge, square pieces of muslin, or linen; a silk handkerchief, etc. Some German practitioners use tow. Whatever material he employs, he usually saturates it well with vinegar and water, or with a solution of alum, tannin, or acetate of lead in water, or anoints it with lard. The great object was to introduce a sufficient amount of matter to *fill the vagina completely*, and retain it there with a T bandage. The tampon may be allowed to remain from 6–10 to 24 hours without being removed. He usually changed it daily, but if necessary re-applied it for a number of days in succession.

DR. HATFIELD had seen cases of the partial presentation. In many, it appeared as if the head had come down, and taken the place of the placenta, which had receded, and the hemorrhage thereby been arrested. He remembered, distinctly, three cases. In one, slight hemorrhage occurred at six months, and occasionally afterwards; when the regular pains came on, the woman had immense hemorrhage, and placenta *prævia* was diagnosed. He had no hesitation in introducing his finger, passing it around, and detaching a part of the placenta; he then delivered by turning. The child was dead. In the next, he waited for a time, then carried his hand through the thin portions of the placenta, because it was a complete presentation, turned, and the child was delivered alive. The third case of Placenta *Prævia* at full time, which he has seen, was in consultation; the patient was low and weak; the uterus

not dilatable; he could not introduce his hand, and therefore, concluded to wait and watch for an opportunity, meanwhile, stimulating the patient. Ice seemed of great benefit, and he placed it on the abdomen, and allowed it in the patient's hands and mouth. She took also lead, and other astringents. Slight hemorrhage occurred occasionally, and in two hours, he was enabled to deliver her of a living child by turning. He did not use the tampon here, as then, he would have no chance of knowing the progress of the labor, and internal hemorrhage may go on without our knowledge. He never had detached the placenta, etc., because this endangered the life of the child unnecessarily, as the order of Nature in delivery is inverted, that which in the natural order of things comes last is now first, and we are never sure of having pains ensuing immediately after this detachment. There was one point he would like to impress on the minds of those present, and that is, we may use other means with the tampon to arrest hemorrhage. Ice, with astringents and stimulants as before mentioned, was of essential service, as he had seen in several cases. In early hemorrhage, the tampon might be employed with great advantage, but should not be entirely relied upon.

DR. BRYAN would only interfere with the placenta when the uterus was contracting, and we had reliable pains. We would be guilty of malpractice, if we were to detach the placenta, and the patient died. He leaves the tampon in for twelve to twenty-four hours, and not beyond, or, as we have a secreting surface, we would be liable to have putrefaction. Changing it night and morning, would be often enough.

DR. HARLOW, in defending Dr. Simpson's plan, said that he detaches the placenta only in certain cases, where the life of the patient was in danger. He would say with Dr. Hatfield, turn if you can with safety to the mother, as we may thus also save the child. The question before us was one of practical importance, and not of mere theory. Fortunately, experience had corroborated the safety of the practice of artificially separating the placenta, even in cases which would be otherwise hopeless. In reply to Dr. Bryan, he would say that the introduction of the fingers in the act of detaching the placenta, is the very thing to excite the contraction of the uterus, as we all know that by passing the hand into the flaccid womb after delivery, we often bring on forcible contractions.

DR. OSLER thought the introduction of the

tampon would be likely to induce contraction. He would hesitate to pack with a tampon, if there was a chance to deliver early. In view of the fact, that we can control the contractions of the uterus, it would be safe to detach the placenta. He could not speak from experience, but from the opinions of others, he would feel tolerably safe in relying upon the tampon in the early stages.

DR. HATFIELD had seen flour employed to block up the opening and arrest the discharge.

Adjourned.

Editorial.

THE MEDICAL STUDENT.

The collegiate divides mankind into two great classes—those within the college walls, whether greenys, sophs, juniors, or seniors, are “Fellows,” while all the outside world are “Snobs;” and all grades of the former will unite to resent an insult by the latter to the humblest of their number. So when a young man makes choice of the medical profession, and enters its ranks as a student, no matter how humble his position, he forms a constituent part of that profession, and will always find its members ready to stand by and defend him, so long as he is worthy of their support.

A newspaper of this city—the *City Item*—in a recent article, does manifest injustice to a very worthy class of young men, viz.: our medical students. It says,—

“Their education, it must be allowed, is (in the majority of instances) neither finished nor respectable. They will pardon us for so severe a statement; but we make it because it is true—we make it because it should not be true, and because we wish to do them some good. It is true. A visit to the lecture rooms of our colleges will prove it to be true. What description of young men are to be seen in these places? The roughest we ever saw in our lives. Most of them have a Texan Ranger look. No body in the world would pronounce them to be refined, liberally endowed young gentlemen. Hair as long as that of a savage, moustaches as fierce as the whiskers of a tiger, a reckless expression of the eye, a long, shuffling, clumsy gait, sword canes, dirk knives, revolvers, attire very unfashionably made, hard swearing, hard drink-

ing, coarse language, cigars, tobacco quids, and pools of tobacco spittle are too prominent barriers for the formation of so flattering a judgment. The picture is not overdrawn. We might make it a great deal less flattering, and then we would be absolutely true.”

Now, we join issue with the *Item* on the above statements, and say that they are harsh, and destitute of foundation in fact, as regards the large majority of the students. We are willing to admit that there are in our colleges, young men whose early education is sadly deficient, and some whose qualifications better fit them for almost any other pursuit than that of medicine, but to assert that this is true of a majority, or even of any considerable portion of them, we hesitate not to say is very far from true. The writer of that article evidently knows nothing of student life. The student is a genus by himself, and no more the type of the future physician, to the uninitiated, than is the chrysalis of the future butterfly.

Our medical students are gathered from every section of our widely-extended domain, and from foreign countries. They often journey thousands of miles to get here, and they bring with them the fashions and customs that prevail in their respective neighborhoods, and it is not to be wondered at that on their first arrival here they should present a somewhat uncouth appearance to the unpractised eye. They are not to be judged of by that abortion of humanity—a Chestnut street dandy. We venture to say that five-sixths of them belong to the most refined and educated classes in their respective neighborhoods, and that there, as here, separated from the peculiar characteristics of “student life,” they make a very different appearance from that which they assume while attending lectures. Let our critic witness these same young men when they receive their diplomas next spring, and the following spring, and he would scarcely recognise them—not one bit more than in the editor of today he would recognise the “printer’s devil” of twenty-five years ago. We venture to say that the editor of the *Item* himself cut but a sorry figure for an editor a score of years back.

We know not that he was ever a "devil" himself—he may have been born an editor—but he certainly has room for improving his knowledge of medical students and their habits.

The assertion that "medical students are a contemned, despised, disrespected class," in this city is simply untrue, as we can testify from personal observation, and hundreds of others can do the same thing. On the contrary, they are highly respected as a class, and receive very flattering attention from our citizens of all classes. The crowded audiences of the youth and beauty of Philadelphia, that assemble every Spring when the diplomas are conferred, are evidence of the interest felt in them here, and this is but one evidence out of many that might be adduced.

While depreciating the character of our students, to place them if possible in a still worse light, our critic exalts the attainments of students in foreign countries above the position that is warranted by facts, if we can judge from our foreign medical periodicals. With all their advantages over us, the European schools send out some very unworthy young men. Some very sorry specimens have brought their diplomas to this side the Atlantic.

Our own judgment in respect to the students in our colleges this winter—a judgment founded on extended means of observation, on personal contact with them, and on a knowledge of the peculiarities of "student life," is, that they are as a whole, a very superior class of young men, and that they will do credit to themselves, to their instructors, and to their chosen profession.

Medical News.

MARRIAGES.

CARTER—RATCLIFFE—On the 28th ultimo, in Washington city, by the Rev. John P. Carter, Dr. John Calvin Carter, of Chester county, Pa., to Miss Emma Irene, youngest daughter of the late Luther Ratcliffe, Esq., of Baltimore, Md.

LEVY—LANDER—In New York, by the Rev. Mr. Waterman, Abraham G. Levy, M. D., of Brooklyn, to Miss Anne Landaur, of Munich, Germany.

GRIFFS—BACKUS—In Brooklyn, N. Y., on Friday, November 12th, S. C. Griffis, M. D., of West Killingly, Conn., to Miss Harriet, daughter of Rev. Samuel Backus, of Brooklyn.

JONES—MULFORD—On the 10th inst., Joseph E. Jones, M. D., of Westchester, Pa., to Emilie M. Mulford, of this city.

PARKS—RUPERT—On the 9th inst., at Bloomsburgh, Pa., Wm. H. Parks, M. D., of Tiffin, Ohio, to Miss Clara, daughter of Hon. L. B. Rupert, of Bloomsburgh.

SCUDER—CONOVER—In Freehold, New Jersey, on Thursday, Nov. 9, by the Rev. Henry M. Scudder, of Arcot, India, Dr. S. Downer Scudder, of New York, to Miss Marianna Conover, eldest daughter of the late Jacob Conover.

DEATHS.

THOMAS—In Blair county, Penn., on the 26th ult., of organic disease of the heart, Dr. G. D. Thomas, in the 43d year of his age.

THRASHER—In Fort Wayne, Indiana, of Typhoid Fever, Martin E. Thrasher, M. D., of New York, formerly of Vermont, aged 26 years.

A Committee of the New York Senate has been for some time taking testimony, bearing on sanitary laws for the city of New York. Most of the distinguished members of the profession of that city have given their testimony before the Committee, which, as far as we have observed, was uniformly in favor of a *medical* sanitary commission or police.

There was a meeting of the profession last week bearing on the subject, which was very largely attended, and whose action was marked by great unanimity. We hope to be able to present our readers with an authentic account of it soon.

ERRATA.—In the report on p. 100 in our sixth number in the second column, line 26 from top for "enormous" read "endogenous"—and in lines 45 and 46, read as follows, "the outer capsule was mainly composed of well developed, the endogenous growths mainly of undeveloped connective tissue."

In the prescription on p. 119, near the bottom of the first column for "Hydrarg. Chlor. Corrosiv. gr. $\frac{1}{2}$ "—read "Hydrarg. Chlor. Corrosiv. gr. $\frac{1}{2}$ " This is an important error, and our readers should correct it in their copies.

HOW OUR WEEKLY IS RECEIVED.

EXTRACTS FROM CORRESPONDENCE.

"I have received two numbers of the MEDICAL AND SURGICAL REPORTER in its new form and dress, and am much pleased with its style, independence and practical character. I consider it a valuable journal for the medical practitioner."

"I am extremely happy that you have effected the change in your—OUR—periodical, (for you are not the only owner of it,) from a Monthly to a Weekly. I was going to subscribe to the *Boston Medical and Surgical Journal* at the commencement of the coming year, in order to supply a want I had often felt; but as the REPORTER has the advantage in point of location, and having the interest of the profession at heart, I shall cheerfully support it, and welcome it as I have heretofore done, as the most pleasant face to my table."

Abingdon, Ill., Oct. 14th, 1858.

"By issuing your journal in a weekly form it will truly enhance its value greatly. I trust that it will remunerate you sufficiently for the laudable change."

Hagerstown, Ind., Oct. 8th, 1858.

"Please send me half a dozen copies of your "Student's Number," and I will try what I can do with brethren by way of subscription. I like the plan, and hope the weekly may succeed."

New Haven, Conn. Oct. 12th, 1858.

"I am much pleased with the new form in which the REPORTER has appeared. I shall now read it more thoroughly than I have done heretofore, for the reason that it is more convenient for me to peruse a short weekly number than a large one at longer intervals."

Darlington, Md., Oct. 7th, 1858.

"I send you \$2 00 with the request that you will send me as many copies of your first weekly issue of the REPORTER as the money will pay you for. Let me congratulate you upon the new era that you have inaugurated in the medical literature of Philadelphia by the publication of a weekly periodical. A weekly medical paper is very much needed by the profession, and I have no doubt but that you will be liberally patronised in your laudable undertaking."

Willow Grove, Del. Oct. 15th, 1858.

"Please send me some 12 or 18 copies of the "Student's Number" of the REPORTER with price."

Practical Instruction in Pharmacy and Materia Medica.

The undersigned, having had several years of pharmaceutical experience, proposes to continue Mr. Edward Parrish's course of instruction in Practical Pharmacy, with his co-operation, in a course of twenty-four lectures, commencing on Saturday, the 13th of November.

The lectures will be given at Mr. Parrish's Laboratory, over his Drug Store, at the south-west corner of Eighth and Arch Streets, and will be accompanied with demonstrative instruction in the various pharmaceutical operations that the physician will be called on to perform.

Fee for the course, \$15.

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Application for admission may be made to the Attending Physician daily, (Sundays excepted,) from 11 to 12 o'clock. Applications in writing, or letters of inquiry, may be addressed to

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Containing a Classification of Diseases, with their distinguishing symptoms, complications, etc.; an Alphabetical List of Remedial Agents, with their medical properties, preparations, and doses; a Classified List of Poisons, with their symptoms and antidotes; Marshall Hall's Ready Method in Asphyxia; Examples of Extemporaneous Prescriptions, etc., etc. To which are added blank pages, so arranged that wherever we open, on the left-hand page are blanks for the record of daily visits, and on the right for symptoms and treatment.

The plan of the work is such, in the present issue, that the patient's name requires to be but once written for the whole year: and though the book is smaller than last year by over fifty pages of blank matter, the physician's purposes are better served, and a larger business can be recorded. There are two sizes, the same as last year, at \$1 25, \$1 50. W. A. Townsend & Co., Publishers, 377 Broadway, New York.

N. B.—The book ordered of the author, No. 68 West 26th Street, New York, will be sent to any part of the country postage paid, on the reception of the price in current funds or postage stamps.

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